To the Wisconsin Government Accountability Board: We the undersigned qualified electronic description of the Wisconsin Government Accountability Board: We the undersigned qualified electronic description of the Wisconsin Government Accountability Board: We the undersigned qualified electronic description of the Wisconsin Government Accountability Board: We the undersigned qualified electronic description of the University of the University

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	TCIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John Cremer	John an	Street: 3102 3 mile 12.	□ Town □ Village	11 /16/2011
		City: Racine zip: 53402	PCity Racine	(Month) (Day) (Year)
2. THOMAS ABBUT	1- Fally	Street: 1223 EZIE ST	☐ Town ☐ Village	11/16/2011
		City: RACINE WIL Zip: 53402	Draw RACINE	(Month) (Day) (Year)
3.		street: 2720 wexford Rd	Williage mt. Pleusynt	1 /16/2011
Edward brownshi	Educal State	city: Mt Pleasant zip: 53405	☐ City	(Month) (Day) (Year)
4.	7	Street 1219 N Sumers Cope Dr #102	Willage A	11/16/2011
Lanne Steeves	Jeense Sleves	City: RACINE Zip: 53406	City HT PLEASANT	(Month) (Day) (Year)
5. RAY Steeres	Roy Stores	Street: 1219 N. Sonnys/ope/214-102		11/16/2011
6.	May sleeves	City: RACINE ZID 53400	City MT Theasant	(Month) (Day) (Year)
	$\wedge$	Street: 245 ISLAND AV	Town Uvillage	// //6/20// (Mouth) (Day) (Year)
JOYCE KENNA	Jege Jerva	city: Racine zip: 53405	1)acite	(Month) (Day) (Year)
Helen Bodnar	Helen Bodan	Street: 124371, Sunnystofe City: Wt Pleasant 2ip:53406	City M. F. Plasent	(Month) (Day) (Year)
8.		Street: 455 Qual Pt D1.53406	C.D.	11 /16 /204
JOSEPHINE LETTSOM	Flosefline Lattsome	City: Racine Zip: 53406	City gat Oleasont	(Month) (Day) (Year)
9.		Street: 455 Quail Pt. Dr.	Norman C.D.	11 /16 /2011
JOHN R. LETTSOME	John K. Sottsome	City: Raline Zip: 53406	City of Pleasant	(Month) (Day) (Year)
10.		Street: 11/1 aregon 5t.	☐ Town	11/16/2011
Patricia Kruegeo	Fatissi Bilingen	city: Raciae Ui. 211: 53405	Orcity KACINE	(Month) (Day) (Year)
01 - 1 - 20	Certification	of Circulator	) Aug 0	
Chery DHI (Name of Circul		tify): I reside at 4321 LINGERMAN	<u> </u>	ne
rsonally circulated this recall petition and personally obta	ined each of the signatures on this paper. I know that	(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi	officeholder named in this petition. I know the	at each person signed
	Cheirl	8 Mis		fficial Use Only)
(Month) (Day) (Year)		(Signature of Circulator)	<u> </u>	51

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and S.9.1	0 of the Wisconsin Statutes.			.   1
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	ala sun seringi Chili
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	77.50
1. RANDOL RHOWEN		Street: 3331 GREEN MEASONS LN	Drown ELMW600 PALK	11/15/2011	<sup>Email</sup> rhan
	man fam	City: VILLAGE PERMORE PARL Zip: 53465	□ City	(Month) (Day) (Year)	Phone (
2.		Street: 1237 Davis Place	☐ Town ☐ Village	11/15/2011	Email
Jovell Maytield	Jovell Mayfield	city: Kache zip: 53403	BCity Raise	(Month) (Day) (Year)	Phone (
3.		Street: 4728 BYRD AVE.	□ Town	11/15/20/1	Email
BRENDA SALLEE'	Drende Talles	City: RACINE Zip: 53486	& City RACINE	(Month) (Day) (Year)	Phone (
4.		Street: 1504 Deane Blud	☐ Town ☐ Village	11 /15/201)	Email
Catherine 5 Johnson	Cotherinal June	Chy: Racina, WI zip: 53405	Ecity Racine	(Month) (Day) (Year)	Phone (
FAMAY SAMEE.	P. 0.0	Street: 4727 IndiAN HILL DA.	□ Town  ☑ Village	11 /15/2011	Email
	When men	City: NAT. PlOASAN) Zip: 5340L	MT PLONED OF	(Month) (Day) (Year)	Phone (
6.		Street: 948 Marguett 2	☐ Town ☐ Village	11/15/2011	Email
Kose Phyter	Rose Phyle	City: Reen Zip: 53604	XCity RacINE	(Month) (Day) (Year)	Phone (267
7.	Walter Jallan	Street: 5530 OLD OAK LANE	☐ Town	11 /15/20/1	Email
WALTER J. ALLAN	Wacer Ja Car	Chy: RACINE ZP5340Z	Deity RACIWE	(Month) (Day) (Year)	Phone (
8.	ن د د د	Street: 1619 ECNO LANC	□ Town	11 /15/20 11	Email
Dennis La Canne	La Ja Carre	City: RGCINY 21p: 53406	Wity Kacina	(Month) (Day) (Year)	Phone (
9.	( )/ N/LTD	street: 3606 Shesidan Rd	□ Town	11/15/2011	Email
John Hutchinson	John Hulehinson	City: RACINE Zip: 53403		(Month) (Day) (Year)	Phone
10.	DD 4-0P	Street: 10 QUEENS CT.	□ Town	11/15/2011	Email
CHRISTINE LONG	Musters on	CHY: RACINE W. 219.53402	St. City RACINE	(Month) (Day) (Year)	Phone
	Certification of	of Circulator		^	7
CARUL Forbe	, (certi		e 53405 Cita	e of Racine	e Circulator
	lator)	(Circulator's Residence - Street name and	d-Number) (Circulator A.	lunicipality)	Phone

Certification of Circulator

I, CARUL FOR STAGE

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or ber name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

Page No. (Official Use Only)

(Month)

(Day)

(Year)

(Signature of Circulator)

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

I	rom office pursuant to Article XIII, Section THE MUNICIPALITY USED FOR MAILING		O OF THE WISCONSIN STATUTES.  TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
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	1. HAZEL DICKFOSS	Horee Deiendoss	Street: 2115 RAMADA OR City: MT PLEASANT Zip: 53406	Town SVillage MT PLEASANT	) (   15   20 <u>1  </u> (Month) (Day) (Year)	Email Phone
	SHEILAR, BLADA	400	Street: 3409 St. CLAIRST	□ Town □ Village  Ø City RACINE	// /5/20//	Email Phone
	3. Maurice Blada	Marine Blada	Street: 3409 St. Clair St.	DTown D-Village Racine	11/15/20[[ (Month) (Day) (Year)	Email Phone
	LES LEE R. LUCARELI	I Le R. Lucani.	city: Racine zip: 53402  Street: 1708 MERCURY CIRCLE	□ Town □ Village  City  RACINE	///5/20// (Month) (Day) (Year)	Email  LA-4 CA  Phone
	5. STRENA M. CHAPMAN	/ · m.m.	city: RACINE 2ip: 53404  Street: 9010 Chandler Ave.	DTown  City Sturtevant	11 /15/2011 (Month) (Day) (Year)	Email Schap
	6. William E. Chapman	Willia & Branco	Street: 9010 Chandler Ave	Drown Drillage City Stortevant	// //5/20 <u>//</u> (Month) (Day) (Year)	Email Hevis
	7. Helene M Helleson	Sha was base	street: 1233 Layard Ave	Town  Village  ACINE	// /5/2011 (Month) (Day) (Year)	Email Phone
·	8. 8. PAPI FOUALTHO	Carl & ba do	city: Raciwe zip: 53402 Street: 1910 SATURN AVE	Town Utillage RACINE	11 1/5 1/20 1/ (Month) (Day) (Year)	Email Phone
	Thomas D. Diebold	Morras D Diebold	city: RACINE Zip: 534034 Street: 2415 187h ST City: Racine Zip: 53463	Town Village Racine	// //5/20_[(Month) (Day) (Year)	Email Phone
	10. RONALD F DLOBIK		Street: 6535 SPRING MEANON LAS  City: MT. PLEASANT Zip: 53406	□ Town  □ Village □ City MT PLEASANT	///5/20// (Month) (Day) (Year)	Email Phone
 I, _	Carol Forbes	Certification of	of Circulator	4 53405 Cet	y of Raciv	ne
	(Name of Circulated this recall petition and personally obt	dator)	(Circulator's Residence - Street name and	d-Number) (Circulator M	funicipality)	Circulate Pho

the paper with full knowledge of its content on the date indicated opposite his or her name. Anow their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Month) (Day) (Year)

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Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and S.9.1	0 of the Wisconsin Statutes.			]			
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1. Jupith A. DLOBIK	Afoll A Ablu	Street: 0535 SPRING MEHODO	Town CF SVillage Mt. Pleasant	(Vonth) (Day) (Year)	Email SWVE Phone			
2.		City. Mt. PLEASANT Zip: 53400 Street: 3522 Mercury Lane	□ Town	1, 1, 1, 2, 2, 4	Email (			
Patricia Vesnefsky	Value Verne Sky	City: Lacine Zip: 53404	City Caledonia	///5/20 <u>((</u> (Month) (Day) (Year)	Phone (			
3.	2011	street: 3522 Mercury Lane	☐ Town ☐ Village	11/5/2011	Email			
LeeRoy resmessky	See Ky lesnifet	City: Racine zip: Wi	"Caledonia	(Month) (Day) (Year)	Phone (			
4. / /	0.00	Street: 214 E. Foler Wile Rds	□ Town E-Village	11/15/20/11	Email Phone			
Wendy Jovenson	Wendy Smenson	City: Racine zip: 53402	- Winn Point	(Month) (Day) (Year)	Email			
Brendal. Gaspar	Reals of Strans	Street: 5332 Taylor Ave	□ Town  Si Village □ City N + Plo = 80 m +	// //5/20// (Month) (Day) (Year)	Phone			
6.	Seels L. Hospan	City: Racine Zip: 53403	Drown Pleasant	<del>                                     </del>	Email (			
Duglamahnke	Ducatas J. Mahnik	City: RUCINE 211:53404	Willage Bacine	(Month) (Day) (Year)	Phone (			
7. D - O L 1	0 - 0-1-0	Street: 116 Echo Ln	□ Town □ Village 1	11/15/2011	Email			
Januce Petrakis	Janes Petroke	city: Racuse Zip: 53406	Liny Racine	(Month) (Day) (Year)	Phone (			
8.	DE O	Street: 116 Echa In.	□ Town □ Village	11/15/2011	Email			
Gust. Petrakis	Sus Patrasses	City: Pacy 53406W;	Pacine -	(Month) (Day) (Year)	Email (			
ARTHUR DOMSKY	after Donah	Street: 7/1 Lowbry and,	Town Village City Pound	(Month) (Day) (Year)	Phone			
10.		Street: 2128 Carlisle Ave	□ Town		Email (			
Susan Janecky	Susan Janecky	City: Racine 219:53404	City Racine	(Month) (Day) (Year)	Phone			
000 1 6 1	Certification of	of Circulator		C.D.				
CAROL FOR	SES , (certification of	fy): I reside at 4(20 John St Roce one 3		of Reeini	<b>E</b> Circulator			
nersonally circulated this recall petition and personally obt	lator)	(Circulator's Residence - Street name and			Phone			

I, Cartify): I reside at 42.0 2th St Rocc or 53405 City of Rocc or

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.							
*	THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT: THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	1891, ilik 1985 ilik 1873. George sensi ilik 1884 ilik	
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		Ĝ
	1. / H	Jame Clanet	Street: 2832 Virginia St	☐ Town ☐ Village	11/15/2011	Email Phone	
	Juson Barrett	garage Control	city. Pacine zip: 58405	*City KacinC	(Month) (Day) (Year)	(	Ç. Milan
	2. //	W 1 1 1 1 10	Street: 2832 Virginia St	☐ Town ☐ Yillage	11/15/2011	Email Phone	000000000000000000000000000000000000000
	hrist Barrett C	and Coparrett	city: Racine 2ip: 53405	City Racine	(Month) (Day) (Year)	(	2 Elife
	3. Parial Kelley	1/1/Kel	street: 5836 Indopendence R	Town Williage Mt. Pleasant	i//15/20 <u>//</u>	Email	Telegraphics and the Telegraph
			City: At Pleasant zip: 53406	City (111. Pleasant	(Month) (Day) (Year)	Phone (	:Sagana
	4. Alam Kalley	1 La Maria	Street: 5836 Independence Rd.	DTown Williage Mt, Pleasant	11/15/2011	Email Phone	2450000
_	FINN TETTES	con letters	City: Hacing Pleasant zip. 53466	City (1), 1 lessant	(Month) (Day) (Year)	(	
	5. CARA PFEIFFER	000	Screet: 5418 FOUR PAILE RD	☐ Town  Willage	11/15/2011	Email	
	CARA FFEIFFER	Con the	City: RECODIEDONIA Zip: 53402	ocity Caledonia	(Month) (Day) (Year)	Phone (	\$250 mm
	6.		Street:	□ Town	/ /20	Email	STEPPED CO.
			City: Zip:	☐ City	(Month) (Day) (Year)	Phone (	A. S. C.
	7.	A STATE OF THE STA	Street:	□ Town	/_/20	Email	250.000.0
			City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone (	STOPPINGS V
•	8.		Street:	□ Town	/ /20	Email	Part Cons
			City: Zip:	☐ City	(Month) (Day) (Year)	Phone (	2000
	9.	·	Street:	□ Town	/ /20	Email	
			City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone	
	10.			□ Town	1 /22	Email	- C2
_			Street:	☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone	2000
		A CONTRACTOR OF THE PROPERTY O	City: Zip:				776
	Anthony Arndt	Certification o	fy): I reside at 2403 Mitchell S	t. Rac	ine	Circum Y.	Participant of the second
_	(Name of Circul	lator)	(Circulator's Residence - Street name and	,		Circula Pl	hone
e	paper with full knowledge of its content on the date indic	anicu each of the signatures on this paper. I know that the cated opposite his or her name. I know their respectively	he signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying the second support the second second second second second second sec	ng this certification is punishable under S.12.	13(3)(a), Wis Stats.	E	mail
_	11 / 16 /2011	Louting live	/ ·	Page No (0	fficial Yse Only)		Pac CA

(Signature of Circulator)

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

	rom office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and S.9	9.10 of the Wisconsin Stat	utes.			H
F Salatan target	THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPA	ALITY OF RESIDENCE, IS NOT S	UFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	ras had rash
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS		IBER OR RURAL ROUTE st also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	Anthony Arndt	Authory Att	Street: 2403 Mit		Town Uvillage ACinC	11 /15/20_[] (Month) (Day) (Year)	Email Qarnd Phone
	2. Rebecca Arnolt	PACTOR	city: Racinc	zip: 53403 Achell St.	□ Town	11/15/2011	Email
		7 species was	city: Racine	<sub>zip:</sub> 53403	ocity Racine	(Month) (Day) (Year)	Phone (
	div.		Street:		☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
	4.		City:	Zip:	□ Town	/ /20	Email (
			City:	Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone ( Email
	5.		Street:		☐ Town ☐ Village ☐ City	/ /20	Phone
	6.		City:	Zip:	□Town	1 1	Email (
			Street: City:	Zip:	-□-Village □ City	(Month) (Day) (Year)	Phone (
·.	7.		Street:		☐ Town ☐ Village	/ /20	Email Phone
	8.		City:	Zip:	☐ City	(Month) (Day) (Year)	Email (
			Street:	Zip:	U-Village  City	(Month) (Day) (Year)	Phone
	9.		Street:	ery.	□ Town	/_/20	Email
	10.		City:	Zip:	☐ City	(Month) (Day) (Year)	Phone (
	10.		Street:		☐ Town ☐ Village ☐ City	/ /20	Phone
			City:	Zip:		(22)	(
I, _	Anthony Arnalt	, (co	n of Circulator ertify): I reside at <u>240</u>	3 Mitchell St	Racine		Circulator
I pe	(Name of Circuersonally circulated this recall petition and personally obtopaper with full knowledge of its content on the date indi	dator) tained each of the signatures on this paper. I know the	(Circulat the signers are electors of the	lator's Residence — Street name an urisdiction or district represented by the	officeholder named in this petition. I know	Municipality) that each person signed .13(3)(a), Wis. Stats.	Phone

(Month)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

from office pursuant to Afficie Affi, Section 1	12 of the Wisconsin Constitution and 5.9.1	O of the Wisconsin Statutes.		American Consumers of the	No. 1, was first or server for a
THE MUNICIPALITY USED FOR MAILING	PUKPUSES, WHEN DIFFERENT THAN MUNICIPALT	ALT OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED:	
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1. Ronald	Knald )	stree 2007 Clark St	□ Town □ Village □ A ( ) Ma_	11 /15/20]1	Email
Morales	$\frac{1}{\sqrt{N}}$	city: Racine zip: 53403	PCity RACINE	(Month) (Day) (Year)	Phone (
2. RICHORD J.	And S.	Street: 1817 DOJG-LAS AVE #9	□ Town □ Village	1)/0-/20/1	Email
GRUNEWALD	1	City: PACINE WIC Zip. 53402	Dity RACINE	(Month) (Day) (Year)	Phone    (4/)
3. April Bunch		street: 1443 S. Emmertsen #	Town Village M. Plant	11 /15/2011	Phone
4 . 2	1 7 '	lenter 1/10 / 1/4	Ocion Mt. Pleasurt	(Month) (Day) (Year)	Phone (
4. Mary Bryant	M. AR	Street: 1026 Berkeley DR	☐ Town ☐ Village	11/16/2011	Phone
5.	MI (any) Duger	City: Racine WI zip.53402	Beny Pacine	(Month) (Day) (Year)	Email
Situia Avita		Street: 2701 Douglas Ave.	Town	// //6/2011 (Month) (Day) (Year)	Phone
		city: Racine Wi zip: 53402			(26) Email
6.	6 Mm 7	Street 8/2-12th St mm	☐ Town ☐ Yillage	11/16/2011	Email Phone
CTT & Blue	All Den	city: Renewe Zip: 53/62		(Month) (Day) (Year)	Phone ( Email
7.	1 Comment	Street: SHITH SHOT SHOT	☐ Town ☐ Village	11 /16/2011	Email Phone
Dominious Meeks	Nomerique 1000	civi Racine 134 Main st mm	Pacity Racite	(Month) (Day) (Year)	Phone (
0.	1 AR	Street: 1225 BLANT C	☐ Town ☐ Village	11 /16/2014	Phone (2)
Chest Mer Dionard	w William Dlini	Rucine 21p. 5340		(Month) (Day) (Year)	Phone (2()
Walter Hamilton	j., 1	street 3306 Jacato Dr. # C	□ Town □ Village	11 /16/2011	Phone
<u> </u>	Walter Hameton	chy: Racine zip: 55404	Dairy Racike	(Month) (Day) (Year)	Phone Hone Email
10.		Street:	□ Town □ Village	/ /20	
		City: Zip:	City	(Month) (Day) (Year)	Phone (
Maria Marila h 1.	Certification o	of Circulator	Dr. Racine	_	_
Maria Morales De Ji	Varez, (certif	ify): I reside at 952 N. Memoria / (Circulator's Residence – Street name and	tNumber) (City	Municipality)	Circulate
nersonally circulated this recall netition and personally obtain			e officeholder named in this notition. I know the		Ph

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given a support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats

(Month)

(Day)

(Year)

(Signature of Circulator)

K2924

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.							
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	1.	1	street: 1217 Kevaunee St	☐ Town Y M	11 /15/2011 Email	-	
	Aurun Rivero	Jame Grance	city: Racine zip: 5340		(Month) (Day) (Year) Phone	V	
	2.		Street: /// manut	☐ Town M M	11 15 /20/1 Email		
	Campla Gomes	Canh Some	City: Roc Zip: 34	of Pcity Racine	(Month) (Day) (Year) Phone	یک	
	3.	3/1	Street: 952/2 NMEMOSIA Pr	☐ Town ☐ Village	11 15/2011 Email	-	
	How Auch	Tellyh	City: Racu Zip: 539	10 1 Pacine	(Month) (Day) (Year) Phone		
	4.	Various Avile	Street: 956. N. Memorial Dr	Village	10 /15/2011 Vavinice	લ	
	Veronica Avia	VILLE	city: Racine zip: 53 1/0	Sillage Racine man	(Month) (Day) (Year) Phone ( 26	6	
	5. Vanessa Tellez	Varessa Telly	Street: 5200 KINZIE AVE	Town Willage Willage	11/15/2011 Email Vanes	W	
		0	city: Rayno zip: 537	be Racine,	(Month) (Day) (Year) Phone	Ü	
	6. Thomas R. Avila	1/	Street: 952 N. Memorial	O Town U Village	////S/2011 Email	- Tonnesioner	
		from Hilo	city. Racine zip: 5340	24 Racine	(Month) (Day) (Year) Phone	1	
	RosaGaribax		street. 5/0 Barker St	12 Polity Racine Mr	11 / 15/20 /1 Email		
		Rosa Santa	city: Racine zip: 5340		(Month) (Day) (Year) Phone	6	
	8. Santos Luevano	Soften Jan	street: 4000 Maryland #32	Town Dillate RACINE	1/   8   20/   Email	-	
		d 100	Cin Racine mm Cin 5340	6 RACINE	(Month) (Day) (Year) Phone	-	
	"Francisca	Femerea Mointer	street: 508 Barker	□ Town □ Village , M	11/8/201/ Email	_	
	morales		Cir. Racine MM 2 5341	2 Pacine	(Month) (Day) (Year) Phone	_	
	10. Natividad	Vaterical On	Street: 2007 Clark St	☐ Town ☐ Village	11 /H/20// Email	-	
	Morales	Morace	City: (200') Ne zip: 534	103 Picity Racine Min	(Month) (Day) (Year) Phone	7. No. at 10.	
	in a 1 n d	Certification	of Circulator	( -			
I, Maria Monales De Juarez, (certify): I reside at 952 N. Memoria / Dr. Racine Circulat							
Ιp	ersonally circulated this recall petition and personally obt	lator)	(Circulator's Residence - Street no the signers are electors of the jurisdiction or district represente		Municipality)	_	

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences giver residences giver residences giver residences giver residences giver residences giver residences. Support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

(Year)

(Signature of Circulator)

#<u>\257</u> |

K2924-2

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

fi	rom office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and S.9.10	0 of the Wisconsin Statutes.				13
ر دهر داند	THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	e de la companya de La companya de la co	
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		
	1.		Street: 1629 maple st upper	☐ Town ☐ Village	11/11/12011	Email	
	Xionaida Kuin	Monaida Oux	City: Pacino zip: B3 404	Ocity pacino	(Month) (Day) (Year)	Phone (	
	2.		Street: 1535 CARIISLE AUR	□ Town □ Village	11/16/2011	Email	
	Wetton McDougal	Welton mcoungal	CivRAINEWI. Zip: 53 YOY	*City RACINE	(Month) (Day) (Year)	Phone (	
	3. /		street: 4940 Chester uns	☐ Town ☐ Village	11/14/20/1	Email	
	Mary Edwards	Many Edward	City: Rac, Te zip: 53402	City Rciene	(Month) (Day) (Year)	Phone (	
	4.	1 0 h	Street: 1207 Erie Street	□ Town □ Village	11/1/2/20_11	Email	
	Angelieka Shan	Angeliche Man	cuy. Bacine, WI zip: 53402	D'City Raeine	(Month) (Day) (Year)	Phone (	
	5.	N DD	street: 1322 Silent Sunday ct	□ Town	11/16/2011	Email	
	Toran Deligo	Jami Hellingo	city: Racine Zip: 53402	City Caledonia	(Month) (Day) (Year)	Phone (	
	6.		street: 1805 State St.	□ Town □ Village	1//1/2011	Email	
	Odilia Garcia	O. ancia	cis: Racine ZD: 53404	Stity Lacine	(Month) (Day) (Year)	Phone (	
	7.	10/	Street: 1805 State 51	□ Town □ Village	11/16/2011	Email	
	Steven Ahart	Street C Ahret	city: Racine zip: 53464	Recity Packer	(Month) (Day) (Year)	Phone (	
	8.	00 00/	Street: 1714 SHOOP ST	□ Town □ Village	W/16/2011	Email	
	KON HANSEN	forold R. Harren	City: RACINE, WI ZID: 53404	Moity RACINE	(Month) (Day) (Year)	Phone (	
	9.		Street: 1/30 Carlisle ave	□ Town	11/6/2011	Email	
	CARL MEYERS	(aul Meyen	City: Roicine Wine Zip: 04	City Pacini	(Month) (Day) (Year)	Phone (	
-	10.		Street:	□ Town	/ /20	Email	
			City: Zip:	□ Village □ City	(Month) (Day) (Year)	Phone (	
		Certification o	of Circulator				
	Joseph R Cushing	, (certi	fy): I reside at 4045 Sheridan Rd	MT Pleas	sant		
	(Name of Circul	lator)	(Circulator's Residence – Street name and	l Number) (Circulator I	Municipality)	Circul	Phon
pe ie	paper with full knowledge of its content on the date indic	aned each of the signatures on this paper. I know that the atted opposite his or her name. I know their respective to	he signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying	officeholder named in this petition. I know to ig this certification is punishable under S.12.	nat each person signed .13(3)(a), Wis. Stats.		
_	11 / 16 /20 11	_ Jose R Cush		Page No. (6	Official Use Only)		Emai
	(Month) (Day) (Year)		(Signature of Circulator)	1 # 13	39		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Commit PO Box

Return

	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTAC	
	1. Hendria Ellis	plendia ella	Street: (536 Taylor Mr	□ Town	11 /14/2011	Email		
			City: Paci-e Zip: 53907	Peity Racine	(Month) (Day) (Year)	Phone (		
	2. Jack Tessmar	ned Temm	Street: 1812 Blake Ave	□ Town	11 /16/2011	Email		
		7	City: Placine Zip: 58464	Octy Precent	(Month) (Day) (Year)	Phone (		
	3.	Jah No	Street: 12 40 Notton are	□ Town □ Village	1//16/2011	Email		
	Jay Denc	1 2	City: Raine zip: 53402	© City Racine	(Month) (Day) (Year)	Phone (	)	
	4.	1 t	Street: 2049 QUINCY ave	☐ Town	11/16/20/1	Email		
	Sarajean Mahrt	SVIah	city: Racine zip: 53403	1 3a ~ //0 0 1 1 -	(Month) (Day) (Year)	Phone (	) .	
	5. 0		Street: 2 408 Jacato #214	□ Town	11/16/2011	Email		
	Freddie King	Freddie King	City: Racine WI zip: 53404	Racine Racine	(Month) (Day) (Year)	Phone (	)	
	6.		Street: 1/12 18+n Street	☐ Town	u /14/20_11	Email		
	Breton Allen	But Min	chy: Raciau zip: 53403	RCity Racine	(Month) (Day) (Year)	Phone (	)	
	7.		Street: 2100 Raymays and Apt	☐ Town ☐ Village	1L/1 <u>L/20 11</u>	Email		
	Larry Mack	Lany mad-	City: Rache Zip: 53404	. تتيهند ا	(Month) (Day) (Year)	Phone (	)	
	8.		Street: 1632 E1115 April -	□ Town  Village	11/16/2011	Email		
	Kim Toutant	Kim builand	city: Sucerie zip. 55/02	Ocity Caledonica	(Month) (Day) (Year)	Phone (		
	9.		Street: 1817 Douglas Ave	□ Town Pillage	11/16/20/1	Email		
	Bennic Goodwin	Benni Godeni	City: Rucine Zip: 53469		(Month) (Day) (Year)	Phone (	)	
	10.		Street: 741 Villa St.	□ Town	11/192011	Email		
	Autumn Esparza	Unturn Syrau	City: Racine zip: 53403		(Month) (Day) (Year)	Phone (	)_	
	/	Certification	of Circulator .	_	<b>-</b>	_		
I, _	Joseph R Cushing (Name of Circul		ify): I reside at 4045 Sheridan Rd (Circulator's Residence – Street name an	MT Pleasa (Circulator M			Ors, please in	
	Z	*	<u> </u>		* **	Pho	THE 🕺	

(Month)

(Day)

16

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed—the paper with full knowledge of its content on the date indicated opposite his or her-name. I know-their respective residences given. I support this recall-petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.—

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall

THE MUNICIPALITY	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITHE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY			Ma
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
Chad Emmons	Street: 1430 5 Emmertsen Rol	□ Town  ★Village □ City	///6/20_11 (Month) (Day) (Year)	Er H
Chof Emms	city: Racine zip: 53406	MT. Pleasan+ (Municipality Name)	(Month) (Day) (Year)	( E
Jan gran	Street: 4029 Southwood Dr.	☐ Town ☐ Village ☐ City	1 (/16/20_U	
Jan gran	city: Racine zip: ~53403	Mt. Pleasant (Municipality Name)	(Month) (Day) (Year)	P1
	- CO. KACYAC 24. 33 103	☐ Town ☐ Village		Е
	Street:	(Municipality Name)	/ /20 (Month) (Day) (Year)	P
	Clty: Zip:	□ Town		. · E
-	Street:	☐ Village ☐ City	/ /20	P
	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	
		□ Town □ Village □ City		15
	Street:	(Municipality Name)	/ /20 (Month) (Day) (Year)	P
	City: Zip:			

I personally circulated this recall pe	tition and personally obtained each	of the signatures on this paper	per. I know that the signers ar	e electors of the jurisdiction	or district represented by the	officeholder
named in this petition. I know that	each person signed the paper with fu	ill knowledge of its content	on the date indicated opposite	e his or her name. I know the	ir respective residences given	. I support this
recall petition. I am aware that falsi	fying this certification is punishable	under S.12.13(3)(a), Wisk	Stats.			

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF DESCRIPTION AND AN ANALYSIS OF THE MUNICIPALITY OF DESCRIPTION AND ANALYSIS OF THE MUNICIPALITY OF DESCRIPTION AND ANALYSIS OF THE MUNICIPALITY OF DESCRIPTION AND ANALYSIS OF THE MUNICIPALITY OF THE MUNICIPALIT	TTY OF RESIDENCE, IS NOT SUFFICIENT.		Madis
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Brenda Olmstend Sign: Bul Alms	Street: 8207 Dunkelow Rd  City: Franksville Zip: 53/24	□ Town  ■ Village □ City  Caledonia (Municipality Name)	11/16/2011 (Mouth) (Day) (Year)	Phone
2.  Print: Steven John Fausek  Sign: Stephilo	Street: E13 Florence Ave.	□ Town □ Village  ▼City  Rach  (Municipality Name)	// //6/20 // (Month) (Day) (Year)	Phone
3.  Print: Craig Earl Shappard  Sign: Shall	Street: 17604 Plank Rd  City: Union Grove Zip: 53182	Do Town   Village   City   Yorkville   (Municipality Name)	(Month) (Day) (Year)	Phone
4. Print: Kristin Althoff Sign: Wash Obing	Street: 7240 Mariner Dr. #6  City: Racing 21p: 53466	Town Village City  Kacine (Municipality Name)	/   6 / 2 0   1   (Mouth) (Day) (Year)	Phone (
5. Print: Wicciam Marons Sign: Will Well	Street: (220 CARLTON DR	Town Village City  MACLAL (Municipality Name)	(1 /14/20_11 (Month) (Day) (Year)	Email . Phone
I, Brenda Olmstead (Printed Name of Circulator)	Certification of Circulator (certify): I reside at \$207 Dunkelou (Circulator's Residence - Street Name and N	La Caledonia  (Circulator Muni		Circulato

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable and of S.12.13(3)(a). Wis. Saits/

(Month) / 16 /20 11 Bull Umst (Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MATLING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	TICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	Sangle and service of the Section of
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
		Street: 2709 KENTUCH ST.	☐ Town ☐ Village	11/16/20/11	Email Phore
SOWAD M. PROCHNOW		CHY. PINCINE, W. Zip. 53405	City PREINE	(Month) (Day) (Year)	
		Street: 6451 Havy H	De Village 98M	11/16/204	Email
Mark 6. hauten berg	mark & Langestry	city: Caledonia zip: 53108	City Galedonia	(Month) (Day) (Year)	Phone
Norman wisonsky		Street: 2202 develandare	□ Town □ Village	11/16/2011	Email
orming without	Norm tell	CHy: Racine Wi zip:53405	Q City Cacine	(Month) (Day) (Year)	Phone
Del to Oil	0 f. 0 C.A.	Street: 1127 TEARSON ST.	□ Town □ Village	11/16/2011	Email
Patrick & Sullivan	Ratrick D. Jalluce	city: Racine Wi zip: 53404	Cycity Ruciue	(Month) (Day) (Year)	Phone
Amanda	amanda	Street: 1706 Blake Aue	□ Town	11/14/2011	Email
King	King	City: ROUNE Zip: W)	Ocity Racine	(Month) (Day) (Year)	Phone
Jacob Rangel	france D	Street: 43/2/7/th st	☐ Town ☐ Village	1//6/2021	Email
		City: Racine zip:53405	* Kacinc	(Month) (Day) (Year)	Phone
Kyle Michelson	The Michlan	Street: 23/3 Shoop Street	□ Town □ Village	11 /16/20//	Email
		City: Rocine zip: 53404	Ocity Racine	(Month) (Day) (Year)	Phone
		Street:	□ Town □ Village	/ /20	Email
		City: Zip:	□ City	(Month) (Day) (Year)	Phone
		Street:	□ Town □ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone
•		Street:	□ Town □ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone
	Certification			- Company of the Contract of t	
ERIC L. MOHR	(cert	ify): I reside at 2313 Shoop St R	Racine		
(Name of Circu	lator) , (cert	(Circulator's Residence - Street name and		Municinality)	Circ

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Commit PO Box Madiso

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							Madiso
-	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTAC
	1. Tobias Conna	IN 6	Street: 1845 Shoup 5t. City: Racine Zip: 53404	Town Village Getity Rall ne	(Month) (Day) (Year)	Email Phone	TOTAL TOTAL
	2.				, , ,	Email	
			Street: 730 Indiana Street	☐ Town ☐ Village	11/14/2011		
	1712aboth Walker	Clath leb	city: Kacine zip: W(	* City Kache	(Month) (Day) (Year)	Phone (	
	3.		Street: 1918 DEKOSPA	Town Village RACIAC	11/16/201	Email	
_	There y fendeles	Mera Menulas.	City: Kacine Zip: 53/05	City Michie	(Month) (Day) (Year)	Phone (	)
(	4)	William .	Street: Mo ont Plas st Wh	□ Town O	11/16/2011	Email	
	1) over saved	Lath thy	CHA 27 15 Zip: 57304	City Kacina	(Month) (Day) (Year)	Phone (	)
	5. )	O 40	Street: 1740 Wind Dale K	☐ Town	1//16/20 <u>11</u>	Email	
	Louise Dannens C	James Denne	City: Per Zip: 53402	Ocity Caladonia	(Month) (Day) (Year)	Phone (	)
	6.		Street: 1523 N WEVEN & n St	□ Town □ Village	11 /16/2011	Email	
	Mario B Sonia	Main & Lais	Chy. Ruche, W1 zip: 53482	City William	(Month) (Day) (Year)	Phone (	)
	7. Slandy		Street: 1007 Yout St-	□ Town □ Village	11/16/2016	Email	T. S. Carlot
	Stee Shawnes	A /Mu)	city: VLacvie zip: 53402	Water Racine	(Month) (Day) (Year)	Phone (	)
	8. MARVING GARY	Mari And	Street: 1128 Irving PL	□ Town □ Yjilage	11/16/2011	Email	1000
		Viant 15 act	City: RACINE Zip: 53403	City GCINE	(Month) (Day) (Year)	Phone (	)
	9.	0. H. V. 's	Street: 2221 Green St.	□ Town □ Village	11/16/20/1	Email	
	Sundon Ailuc	Chron of place	City: RACINE Zip: 53402	Deny Gacine	(Month) (Day) (Year)	Phone (	)
	10.		Street: 1128 FROING	□ Town □ Village	11/16/2011	Email	
	ERICA CARTER	Evin Contr	City: Keeine zip: 53403	Brity Racine.	(Month) (Day) (Ycar)	Phone (	)
	TPAI	Certification (		- O <sub>1</sub> -			
T	Juseph R Cushing	(conti	Gir Irasida or 4045 Shewlan Rd	M+ Planson	_		5

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

Circulators, please i

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

	To real obes, when but extend the morning the	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU		J BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. 70-0.1 C-1.74 1/1	B. 18	Street: 3444 MORRIS ST	☐ Town Village	1//16/20/1
BRIAN SINNER		City: FRANKSUILLE WI Zip: 53126	City CALEDONZA	(Month) (Day) (Year)
2. Rodney Miller	Rodney Mills	Street: 4812 Lora St.	Town Caledonia	11/16/2011
		city: Racine wis zip: 5340	City	(Month) (Day) (Year)
3. BLAINE PFEFFER	Blaire A. Oppy	Street: 7624 DUNKELOW RD.	Town Civillage Caledoneic	11/16/20/11
		City: FRANKSUILLE WI. Zip: 53/26		(Month) (Day) (Year)
GARY Pelky JR	Hant Pelh JR	Street: 4726 Charles ST	Town  DVIllage caledonic	11/16/2011
5.		City: Raccine zip: 53402	-	(Month) (Day) (Year)
		Street: 5719 Eagle Point Dr.	Town  Village  City	11/1/20/1
Julie Taleck	Julie 9. Jalich	city: Racine zip: 5340b	( quadrio	(Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	//20
7.		City: Zip:	□ Town	1 1
		Street:	☐ Village ☐ City	//20 (Month) (Day) (Year)
8.		City: Zip:	□ Town	+ , ,
		Street:	☐ Village ☐ City	/ 20
9.		City: Zip: Street:	□ Town	1 / /20
<u>. ·</u>		City: Zip:	Utillage City	(Month) (Day) (Year)
10.		Street:	□ Town	/ /20
		City: Zip:	□ Village □ City	(Month) (Day) (Year)
	Certification	······································		
Emily Pelley (Name of Circ	, (cert	ify): I reside at 4745 Tanglood.  (Circulator's Residence - Street name as	ave. Caledo	Municipality)

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.							
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		
	1.		Street: 3621-5 mile Rd. apt, U	, □ Town	11/6/2011	Email	
	Alice Joneas	alice Jones	City: Racine Wi Zip: 53402	City Caledonia	(Month) (Day) (Year)	Phone (	
	<del></del>		Street: 3621-5 Mile Rd. Apt-D	☐ Town  ☐ Village	1//16/2011	Email	
	ALice Joincas	Robert Joncal	city: Racine Wi zip: 53402	City Caledonia	(Month) (Day) (Year)	Phone (	
	3.	0	Street: 5815 Nicholson Rd	☐ Town  ☐ Village	11 /16/2011	Email	
	Timethy A. Baymann	Timothy A Baumen	cay: Franksuille zap: 53124	City Caledoina	(Month) (Day) (Year)	Phone (	
	4.		Street 5 7/7 NOR+HWAY DR	Town Village CAEDey A	1 1/2 /20//	Email Phone	
	10M HERNKE	10m Hervice	Chy. RACINE W; Zip. 53402	City CLUCYU, FI	(Month) (Day) (Year)	Email	
	3.	1/1/2-	Street: 2421 REDECCOL DT.	Town Village VIII	1) //6 /20 <u>//</u>	Phone	
	Jany GTACCFFA	10 /10/	City: BACINE, EL Zip: 53402	City	(Month) (Day) (Year)	Email	
	(2)// 2 / 2000//	A Descales	Street: 3440 hrEO hr	☐ Town ☐ Village ☐ C: (2)	1/ //6/20//	Phone	
	William JACOBY	Chi Francis	City: RACINE W1 24p. 53404	Ocity Coledonia	(Month) (Day) (Year)	Email ·	
	R	10 R	Street: 6/26 Nicholsen RD	☐ Town  ☑-Village ☐ City ☐ Color	////5/20// (Month) (Day) (Year)	Phone	
	8.	John Dumenn	city: Franksville zip: 53/26	CERTAGNIA	(Month) (Day) (Year)	( Email	
	berome Shvenehory		Street: 13237 7-Mile R	☐ Town ☐ Village ☐ City	// //(/20 <u>//</u>	Phone	
	9.	my by	cuy: Caleclonia zip: 53108	C C C E O P . 4	(Monta) (Day) (Tear)	Email (	
	Len Prochasto	12 Page 10 D	Street 203 Lone Elm Dr	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	Phone	
	10.	UM Mochaella	City: Caine zip: W/	OTONA		Email (	
	x 1100-000	TAOD Palla)	Street: 6358 NUTUVE DY	☐ Village ,	//6/20// (Month) (Day) (Year)	Phone	
Todo fl. Kipler Todo fl. Kylls   City: Racine zip: 53402   City Caledonia (Month) (Day) (Year)   Phone Certification of Circulator							
1, Emily Pelky , (certify): I reside at 4745 Tangelwood Caledonia							
1, _	(Name of Circul		(Circulator's Residence - Street name an		1-100	Circulato	
	ersonally circulated this recall petition and personally obta	ained each of the signatures on this paper. I know that t	the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi	officeholder named in this petition. I know th	nat each person signed	Phon	
						Ema	

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.							P
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		C
	1.	10 11	Street: 3719 Ruly am	□Town	11/16/2011	Email	5
	ELSIEKAIYNENBERG	Isie Kannestry	City: Rocae Zip: 57402	19 City Racon	11 / 14 / 20 11 (Month) (Day) (Year)	Phone (	
	2.		street: 5904 Meddle Rd-	☐ Town	12/1/201	Email	
	ANDUTA KUSEABERG	annita Rosenberg	ciy: Rolline zip: 53402	BrCity Caledone	// // 6/20 <u>//</u> (Month) (Day) (Year)	Phone	
	3. VI BYINI+)	ovinginia 1	Street: Radne 5340	□ Town □ Village	11 /14/20//	Email	
	BUNKOWSKE	Bunkowsky	City: Zip:	City Catin	(Month) (Day) (Year)	Phone (	in the second
	4. DONGLD AHNG	D 1/100 CD	Street 77 Bankolla DR	□ Town	11 /16/2011	Email	200
	1 Jaire	M Corald 9/10/01	Cay: MACINE, WI ) 33402	Village WWW Q	(Month) (Day) (Year)	Phone (	- 27-
	5. LHARLOTTE	aharlotte	Street: 3914 Ruley Ove	☐ Town	11 /11/2011	Email	
į	BROWN	Charlotte Brown	City: Bocine zip: 53402	Village Rocum	(Month) (Day) (Year)	Phone (	į.
	6. WANDA M. PIRK	Handam. Pirk	3919 Ruby are.	□ Town PACINE	11 / 14/2011	Email	-
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	00	1 Kohner	City: Pacine WI Zip: 53402	City Racini	(Month) (Day) (Year)	Phone (	
	8.	7	Street: 3919 Reliky Av	☐ Town	11 / 16/2011	Email	1
	MaryMalden	Mary Maddea	CHY: RACINE ZEF3402	Village Rocen	(Month) (Day) (Year)	Phone (	
	9. VIRGINIA KLUS	Virginia Klus	Street: 3919 Ruby ave	☐ Town ☐ Village	11 //4/20/11	Email	-
	77,100 7. 7.7		CHY: Racine 253402	City Boson	(Month) (Day) (Year)	Phone (	1
	10. Chrotine John	in the Date of the Control of the Co	Street: 3919 Ruly Are	Town Village R ocurre St City	11 /16/2011	Phone	(0
	•	(Chustra Khanta)	City: MCW W Zip: 53 182	у спу	(Month) (Day) (Year)	(	
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[, _	Emily Pelky		ify): I reside at 4745 Tange L wood	que caled		Circula	tors
ne	(Name of Circular and personally obtains	lator)	(Circulator's Residence - Street name and	d Number) (Circulator I		Ph	none

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Month) (Day) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

:	Committee PO Box 25 Madison, V
	CON
	Email
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON	
1. Printer Milandautenkee	Street: 21200 RATZKA LAVE	Town Utillage City	11 /15/20/1	Email	
willea Var	aprolon Grove 25 53182	(Municipality Name)	(Month) (Day) (Year)	262	
2. JAMES S. Colsmith	Street: 1115 43	Town Utillage City A-4 (1)	11 /15/20/1	Email	
Sign: July & Orice	CALEDONFA ZID. 53105	(Municipality Name)	(Month) (Day) (Year)	Phone (414	
3. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Phone	
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	( Email	
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20		
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (	
5. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email	
Sign:	City: Zip:	(Municipality Name)	(Month) (Pay) (Year)	Phone (	
I, May (Printed Name of Circulator)	certify): I reside at (Circulator's Residence - Street Name and Nu	umber) TOWN OF RO	rignond	<b>Circulators</b> , Please include you <b>r</b> c	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

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PO Box	2

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print Chais Antinucci	Street: 1525 Grove Ave	□ Town □ Village  P(City	11/15/2011	Email
Sign July	CHY. RACINE ZID53405	RACINC (Municipality Name)	(Month) (Day) (Year)	(969
Print: SheilA BirkholZ	Street: 1717 - Flett AUS	□ Town □ Village    © Eity	11/15/20_11	Email
Sign: Shaw	City: RACINE Zip: 53405	(Municipality Name)	(Month) (Day) (Year)	Phone (262
3.  Print: Enn O Voeller #	City: RACINE Zip: 53405 5314 167H ST.  Street: BGCINE 53406	□ Town □ Village ☑ City	11 /15 20_11	Email
agu	City: Zip:	Municipality Name)	(Month) (Day) (Year)	Phone (262
PrintRoyald KROLL	Street: 3115-Shordan Rol	Town to Village City  M. T. Vlace Co. T.	11 /15/2041	Email
Sign formald Kerall	CHIPME PHASENT ZID 5403	(Municipality Name)	(Month) (Day) (Year)	(36a)
5.	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	/ / ZU (Month) (Day) (Year)	Phone
•	Certification of Circulator			
I, JEFF VASSII (Printed Name of Circulator)	(Certify): I reside at 4/15 NEWMAN Ri (Circulator's Residence - Street Name and Nu	mber) (Circulator Munic	* 31.	Circulators,
	C. Set Tiblise With Tiblise	(On Cantion Manue	apanny)	Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee
PO Box 25

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STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO	
Street: 3821 Southwood DR	Recine (Municipality Name)	/// \$20	Email Phone	
Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone	
Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone	
Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone	
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	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALV  STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.  Street:  City: Zocine Zip: 5346  Street:  City: Zip:  Street:  City: Zip:	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.  Street:    Town   Village   City	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.  Street:  Street:  Street:  Street:  Street:  AME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)    Town	

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(Circulator's Residence - Street Name and Number)

(Printed Name of Circulator)

(Signature of Circulator)

(Circulator Municipality) Circulators,

Please include your o

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee

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1. Paul Trudeau Sign: Paul H Trudeau	Street: 1305 5157 St City: Raymond 21p.53108-975	Town  Village  City  (Municipality Name)	////5/20// (Month) (Day) (Year)	Phone (262
Sign: Stephen REKHEL Sign: Stephen Destrict	Street: 12024 4 MILE RD.  City: CALEDONIA 21p: 53126	Town  Willage City  CALE OWNA  (Municipality Name)	// //5/20// (Month) (Day) (Year)	Phone (262
Print Eynice CAR SON	1100 FOUNTEIN Hills DR 1310 Street: Peasant zp. 53406	Town 72 Village City  MT. HeasanT (Municipality Name)	///5/20// (Month) (Day) (Year)	Phone (456
4. Print: Sign:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20	Email Phone
5. Print:	City: Zip: Streel:	□ Town □ Village □ City	/ /20	Email Phone
Sign:	Certification of Circulator	(Municipality Name)	(Month) (Day) (Year)	(
I. JEFF VASSIT		Para		
", <u>VG/ F //733/7</u> , (	certify): I reside at 4115 NEWMAN	RO CALESON	117	Cin and an area

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month) (Day)

(Printed Name of Circulator)

(Year)

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Page No. (Official Use Only)

(Circulator Municipality)

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Please include your co

Phone
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Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25

	Y USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	TY OF RESIDENCE, IS NOT SUFFICIENT.  S BE LISTED.		Madison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	со
l.  Print: Claysha Inach  Sign & Kapba Math	Street: 2037 LSCIP ST	□ Town □ Village City	1\ /15/201	Email    Soft - Le
in Clapky Mak	chielacine WI zip. 53400	(Municipality Name)	(Month) (Duy) (Year)	(263
BREON NORTO Brown Nerten	Street: 926 SUPRVICES City: Raline 2/10: 53404	Town Village City (Municipality Name)	)//)\$20 <u>[</u> ]	Phone
rint:	Street:	□ Town □ Village □ City	/ /20	Email Phone
ign:	City: Zíp:	(Municipality Name)	(Month) (Day) (Year)	(
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rint:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
ign:		(Municipality Name)	/ / 20 (Month) (Day) (Year)	Phone

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(Circulator's Residence - Street Name and Number)

(Printed Name of Circulator)

(Signature of Circulator)

Page No. (Official Use Only)

(Circulator Municipality)

Circulators,

Please include your co

(262) Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall

Return by Committee

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	Co
rivi: Kaulilah Young	street: 2826 Russet 8t	□ Town □ Village □ City	11/15/20(1)	Email
100	cuy: Racine zip: 63405	(Municipality Name)	(Month) (Day) (Year)	Phone (86
2.	Street:	□ Town □ Village □ City	/ /20	Email Phone
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	(
3.	Street:	□ Town □ Village □ City	/ /20	Email
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ł.	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
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Print:	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	/ / ZU (Month) (Day) (Year)	Phone (
1	Certification of Circulator		<u> </u>	<del></del>
(Printed Name of Circulator)	(certify): I reside at <u>4/1/5</u> NEWMAN (Circulator's Residence - Street Name and N	LS CACE SOC umber) (Circulator Muni		<b>Circulators</b> , Please include you

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee

THE MUNICIPALITY	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY	Y OF RESIDENCE, IS NOT SUFFICIENT.		Madiso
	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
Alex Rott	street 2200 Washington Ave #319	□ Town □ Village	11/4726	Email
My War	street: 200 Washington Ave type  City: Racine zip: 53405	(Municipality Name)	(Month) (Duy) (Year)	(h
	Street:	☐ Town ☐ Village ☐ City	1 1	Email
		(Municipality Name)	(Month) (Day) (Year)	Phone
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	Street:	☐ Village ☐ City	//20	Phone
	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	(Email
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	City: Zip:	□ Town □ Village		Email
	Street:	(Municipality Name)	/ /20	Phone
	City: Zip:			(
	Certification of Circulator	1		
(Printed Name of Circulator)	(certify): I reside at 4115 NEWMAN (Circulator's Residence - Street Name and Num	Di Cace Soul		Circulator
nally circulated this recall petition and personally o	obtained each of the signatures on this paper. I know that the signers are electors paper with full knowledge of its content on the date indicated opposite his or his probability and the signal of t		F	Please include Phone

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committee
PO Box 250
Madison, W

THE MUNICIPALITY	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON		
1. Print YASIN MAHDI	Street: 1200 GRAND AVE	☐ Town ☐ Yunge ☐ City	11/15/2011	Email		
Sign:	Street: 1200 GRAND AVE  City: RACINE zip: 53403	RACINE (Municipality Name)	(Month) (Day) (Year)	Phone (Z b Z		
2. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email		
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (		
Print:	Street:	□ Town □ Village □ City	/ /20	Email		
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone		
4. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email		
Sign:	City: Zip:	(Municipality Name)	/ / ZU(Month) (Day) (Year)	Phone		
S. Print:	Street:	□ Town □ Village □ City	1 . 1	Email		
Sign:	City: Zip:	(Municipality Name)	/ / 20	Phone (		
	Certification of Circulator		J			
1-1-1/1-	4	1.				

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(Circulator's Residence - Street Name and Number)

(Month)

\_\_\_/<u>20\_\_//</u> (Year)

(certify): I reside at

(Signature of Circulator)

Page No. (Official Use Only)
# 375

(Circulator Municipality)

Circulators,

Please include your con Phone

> (262 Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committee PO Box 25

THE MUNICIPALITY (	JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY	IY OF RESIDENCE, IS NOT SUFFICIENT. S BE LISTED.		Madison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1.  Print: MICHAEL R Conley  1200   1800	Street: 12. S. G. Reen BAY R.D	□ Town  2 Village □ City	///5/20	Email
Sym Mapul R Contr	City: Mt. PLEASANT Zip: 53906	MT. PLASANT (Municipality Name)	(Month) (Day) (Year)	(262
Print: Davis L. Carlson	Street: 259 WickHAM BLUD.	□ Town □ Village ■ City	// 15/20_// (Month) (Day) (Year)	Email
Sign: Cle Z. Gra	City: RACINE Zip: 53405	RACINE (Municipality Name)	(Month) (Day) (Year)	Phone ( 262
Print Torri Saxtar	Street: Lell S. Britton Rcl	Town City	11/15/2011	Email O
Sign De La Company	City: Polar zip: 53185	(Municipality Name)	(Month) (Day) (Year)	26
1.  Print: Karen Z. Tyykila  Sign Kuien Z. Lyykila	street: 3225 Sheridan Rd.	DTown ON Village Dicity  Mt. Pleasant	i l/15/20 <u>11</u>	Email Phone
5.	city: Mt. Pleasant zip: 53403	(Municipality Name)	(Month) (Day) (Year)	(262
Print:	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone
	Certification of Circulator		<del> </del>	
Printed Name of Circulator)	certify): I reside at 4115 NEWMAN (Circulator's Residence - Street Name and Nu	PD CALEDONIA umber) (Circulator Munic	inglitu	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Certification of Circulator  I, Kathleen Lay U  (Name of Circulator)  I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.    Page No. (Official Use Only)	-	10.		Street: 1104 Layard Ave	□ Villoge	11/14/20_11	Samu
I, Koth leen (Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality)  I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective resistances given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.		Willissa Tuner	· · · · · · · · · · · · · · · · · · ·		City Racul	(Month) (Day) (Year)	
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11 1 16 120 11 Kathleen Laru Page No. (Official Use Only)					officeholder named in this petition. I know t	hat each person signed	riione
(Signature of Circulatory)		11 , 11 ,00 /	, Hathleen-				Email
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Commit PO Box Madison

Return

 THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	Madison
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Troy w Schmalt	Dell	Street: 1910 Kremer Aux	☐ Town	/////20 <u>/</u> !	Email Phone
1708 W Schmalf	a Cigrillathura	city: Racine w: zip: 53402	Ocity Caledonia	(Month) (Day) (Year)	(242) 9
2. Heather Kras	Ideather Kras	Street: 3341 Indiana St	Town Racing	11 /16/2011	Email Phone
 1. 0. 10/ 0.03	, , ,	city: Racine zip. 53405	City	(Month) (Day) (Year)	( )
3.		Street: 908 Echo La.	☐ Town	11/16/2011	Email Phone
Michael R Cherney	Michael R Cherney	city: Racine W.L. zip: 53406	Acity Racine	(Month) (Day) (Year)	(268 7
4.		Street: 1431 ISABELLE AVE	☐ Town	11 /16/2011	Email
JILL D. PRIBUL	Du D Truly	City: RACINE Zip: 53402	ACity Facine	(Month) (Day) (Year)	Phone (262) 68
 3.	( ) LA VIII	Street: 5650 PARK RIVAR DONE	Town Willage CARPONA	11/16/2011	Email
ROBERT J. KELLEY	The diay roug	City: PLONE WE ZID. 53402	City	(Month) (Day) (Year)	Phone (262) 6
6.		Street: 5472 W.EST MUZE 17/2-	□ Town	11/6/2011	Email
TOM FRISO	Thomas Frien	City: MACINE Zip: 53106	BICITY BALONE	(Month) (Day) (Year)	Phone ( )
 7.		Street: 744 SUNNYVIEW DRIVE	Town MOUNT	11/16/2011	Email
 CHESTER H. MELCHER	Olister H Meliber	City: RACINE ZID: 53406	City PleASANT	(Month) (Day) (Year)	Phone (262) 63
 8.	0,1	Street: 2300 gusto Dring	□ Town	11 /16/2011	Email
Patricia Jones	Jahria mes	City: By Cimo 210: 53404	vis Karine	(Month) (Day) (Year)	Phone (26Q) 4
9.		Street: 3634 Doug las Are. #704	□ Town □ Village	11/16/2011	Email
JOAN M. CLARK	Somm ( Varle	city: Racine zip: 53402	ercity Racine	(Month) (Day) (Year)	Phone (267) 6
10.		Street: 8504 Trudeau Trace	□ Town  © Village	11 /16/2011	Email
Blake Zierk	Blake Siech	City: Franksville Zip: 53126	City Caledonia	(Month) (Day) (Year)	Phone ( )
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

f	rom office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and S.9.1	0 of the Wisconsin Statutes.			P
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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	(C)
	1. Jo Ann Broihier	Joana Brochier	Street:/713 Kusset St. City: Racine zip:534a5	Town Village Racine	// //6 /20// (Month) (Day) (Year)	Phone 96.2
	NISHAN J. HACHERIAN	Nichan D. Hackerean	Street: 1663 Russet Str	□ Town □ Village □ Cleriy □ Clerie	(Month) (Day) (Year)	Email Phone 26
	3. Sara Santos	Con Carlo	street: 2818 La Salle St.	☐ Town	11 /6/20 <u>1/</u>	Email Phone
	4.	1 2 0	city: Racine zip: 53 for	Town Stillage	(Month) (Day) (Year)	Email +10
	Tim Diebold 5.	11	city: RACINE 21057403 Street: 2057 Shoop St	Town	(Month) (Day) (Year)	Phone Garage
	JACQUEINE LAMBERT	Gh	City: RACINE Zip: 53404	PCity RACINE		Phone Color
	RENEE Bislew	Keneé Lielent	Street: 2230 Washington AUE City: RACINE W Zip: 53405	Town Utillage ACINE	///6/20_[[ (Month) (Day) (Year)	Phone (26
	Mark Hackman	about Amb	Street: 2830 Ceculia Park Dr City: Facine W1 Zip: 53404	Town Village Ruci W	11 / ((/20 11 (Month) (Day) (Year)	Email Nack ha
	8. JAKE SURKE	Dare	Street: 1732 ARCTURUS AVE	Town U-Village RACING	(Month) (Day) (Year)	Email Sparan Phone
	9. Ruth-Ellen Vilmann	Ruth-Elen Vilmann	Street: 2823 Cottage Dr	Town Deasant Deasant	11/16/2011 (Month) (Day) (Year)	Email Phone
	10. DONNA TANDERSON	Donno & andreson	Street: 4/04 NANTUCKET PL	□ Town  Stillage □ City MT PLEASNNT	11 1/6/20//	Email Phone
•		1 1	City: PACINE WI Zip: 53405	Licity /// / 22/	(Month) (Day) (Year)	263
r	NANCY C- SULLIVAN	Certification of	fy): I reside at 1822 College Ave	RACINE	•	
, _	(Name of Circul	7 (	ty): I reside at Circulator's Residence Street name an		Municipality)	Circulators
pe he	rsonally circulated this recall petition and personally obta	ained each of the signatures on this paper. I know that the	he signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	officeholder named in this petition. I know the	hat each nerson signed	Phone
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(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Return

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							Madison
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTACI
	1. CAROI Stickles	CarolStickles	Street: (012 Grove Ave city: Pacine zip: 53405	Town Racine	11 / 16/20_11 (Month) (Day) (Year)	Phone (20	(cmi) 62) 48
	2.		Street: Zip:	□ Town □-Village □ City	/ 20(Month) (Day) (Year)	Phone (	)
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+	4.		City: Zip:  Street:	☐ Town ☐ Village ☐ City	//20	Email	
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	7.		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
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_	9.		City: Zip: Street:	☐ Town	/ /20	Email Phone	)
	10.		City: Zip:	☐ City ☐ Town ☐ Village	(Month) (Day) (Year)	Email	)
_[	Emily Pelky	Certification of	City: Zip:	□ City	(Month) (Day) (Year)	Phone (	)
,	(Name of Circu	lator) , (certi	ify): I reside at 4745 Tange Lwood (Circulator's Residence - Street name an	d Number) (Circulator	Municipality)		i <b>tors</b> , please <b>in</b> hone

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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	Benjamin Hall	3	Street: 3658 Raynor Ave City: Franksville, zip: 53126	Drewn Village Raymond	[]///20 <u>11</u> (Month) (Day) (Year)	Email Phone
	2. 1 1) 2 1	1 - 7		/□ Town		Email (
	"Anthony Pisla	V Althous Toler	Street: 2270 Wagungtont	U-Village RACINE	(Month) (Day) (Year)	Phone
	3.	0	Street: 2830 (PCD 13 PORK DR	☐ Town	11/16/2011	Email
	Julie L. Hademan	Twie & Hackman	city: Racino zip: 53404	Stity Racine	(Month) (Day) (Year)	Phone (
	4: Day of Ca 140		Street: 1732 ARCTURUS AVE	☐ Town ☐ Village	11 /16/2011	Email
	BUTO SCHWARTZ	- Dyn Sleering	City: RACINE Zip: 53404	ACINE ACINE	(Month) (Day) (Year)	Phone (76
	5.	11/1/20	Street: 2823 COHEUR DY	Drown Kvillage Mant X Eavison	11/16/2011	Email Phone
_	Madelyn Lippe	11.7	city: Sturtevant, WI zip: 53177	City NOVITAL CONSOL	(Month) (Day) (Year)	Email
-	P		Street: 1723 BlaiNE Ave	☐ Town ☐ Village	11 /16/2011	Phone
_	ROMACO J Edwards	Rendel / Edwards	city: Racino zip: 53405	NAO! ND	(Month) (Day) (Year)	Email (
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 2

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Committ from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes PO Box Madison THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING CONTACT PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Rural address must also include box or fire no (Indicate Town, City, or Village) 1. mysilver 11/16/2011 Debra Beaty aledonia Franksville zip: 53126 262,634 □ Town FIDES WAGNEPAICHARDED Jude Was ☐ Village City Street: 1641 Carlton Dr □ Town 11/16/2011 Edward R. Foster ☐ Village RACINE City Racine 1948 NEPtune are □ Town u /16/20<u>u</u> Cullen Brookins ☐ Village Racine **Æ**City 762) 89 53404 Email MAIN □ Town 11/16/20 V □ Village ☑ City Phone RACINE Month) (Dav) 6. RICHARD ELLANSEN Email □ Town il/16/2011 ☐ Village 53403 City 11 /12/20/1 ☐ Village ☐ City Email ☐ Town /20 ☐ Village Phone ☐ City Month) (Day) (Year) Zip: 9. Email □ Town 20 ☐ Village Phone ☐ City Zip: 10. Email □ Town /20 ☐ Village Phone ☐ City Month) (Day) (Year) Zip: Certification of Circulator-(Name of Circulator) (Circulator's Residence - Street name and Number) (dirculator Municipality) Phone I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or lephane. I know their respective estidences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

Circulators, please inc Email K3036

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committ PO Box Madison

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	1. Glen Hargraves	& Com	Street: 7410 Lakeshoren City: Racine zip: Wi	City Caledonia	11/16/20/11 (Month) (Day) (Year)	Email Phone	
	Cyphia Hargraves	C= SH care 1.	Street: 7410 Lakeshore Dr	□ Town	// //e /20	Email Phone	
	3.	(5) 1 50	ciy: Racine zip: 53402 street: 1012 Pearl St	□ Town	1 /16/2011	Email Phone	) (0)
	Endel Williams	4	Street: 2210 Newman	Town Stillage Mt. Masent	(Month) (Day) (Year)	Email	kod 9:
	Andrew Simon 5.	NA	Street: 1105 Yout St.	□Town	(Month) (Day) (Year)	Phone (	
	Jean Domine	gean Domine	City: Racine Zip: 53402	RCity Racine	(Month) (Day) (Year)	Phone (	)
	PATRICK MAMBROW .	Out	City: RAGIN = 253404	City CH43 ON IP		Phone (Email	)
	Brittamy Mason	Britary Mason	Street: 2101 Loyard AVE AJA #B  City Racine Zip: 53404	D'Town Village Racive	(Month) (Day) (Year)	Phone ()	(b) 92
	1 Willa Dent	31, lla Dent	Street: 3810 Washington Que (4)	Drown Decity Racine	1/ //6/20_11 (Month) (Day) (Year)	Dhaaa	262) 4
	9. Terry L. Lewis	222.	Street: 1410-11 to Street  City: Racine, W1 zip: 5340=	Town Pullage Racine	// / 20 // (Month) (Day) (Year)	Email Phone	2621 30
	Diane Posenfall	Digie Posenflat	Street: 20164 Daughts Ave	Town Uvillage Recrue	(Month) (Day) (Year)	Email	rosevfe
I.	Certification of Circulator  Lichard A. Glosenapp (certify): I reside at 813 Echo Lane Racine						262) <u>(63</u>

(Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on the paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name know that respective residences in the paper with full knowledge of its content on the date indicated opposite his or her name know that respective residences in the paper with full knowledge of its content on the date indicated opposite his or her name know that respective residences in the paper with full knowledge of its content on the date indicated opposite his or her name know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name know that falsifying this certification is punishable under S.12.13(3)(a). Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committe PO Box

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						Madison,	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTACT	
Bianne Palmgran	Neanie Palm New	Street: 8309 Ambercir	Town Willage	11/16/2011	Email		
J. ,	8	City Vacine Zip 53406	City Mt. Pleasent	(Month) (Day) (Year)	Phone (		
2.	no Roman	Street: 8309 Amber circle	☐ Town	11/16/2011	Email		
John Palmy-en	In Junger	City: RACINE WI Zip53406	City mt Pleasant	(Month) (Day) (Year)	Phone (	)	
GLADYS V'BALDE	Glady V. Balde	Street: 9700 Rayne Rd. Init3	□ Town	11/16/20/1	Email	_	
GLADIS V BAZOL	Stady V Balle	City: Stuttevant, WI zip: 53177	City Sturtevan +	(Month) (Day) (Year)	Phone (	)	
4.		Street: 917 Racine ST	☐ Town	11/16/2011	Email		
James Moore	ames Mone	City: Racine, Wy zip: 53403	City Racine	(Month) (Day) (Year)	Phone (		
5.	V	Street: 1104 Layard tre	☐ Town	11/16/2011	Email		
Cunthia J. Turner	Cynch J. Turner	City: Racrue, WI zip: 53401	Deliy Pacine	(Month) (Day) (Year)	Phone (	)	
 6.		Street: 5727 Regery Hills Dr.	☐ Town  ☑ Village	11/16/20//	Email		
Kevin DeBauche	16-14 Buch	City: RACINE W. Zip: 53406	City Mt. Alersant	(Month) (Day) (Year)	Phone (	)	
7.		Street: 701 Shorebund DR	☐ Town ☐ Village	4 /16/20_11	Email		
 Debra Gorman	Olla Bornan	CHY: Rocine ZID: 53402	nery Rocine	(Month) (Day) (Year)	Phone (	)	
 8. ,	1	Street: 2405 Mt PleasApt St	☐ Town ☐ Village	1 / /le/28/_	Email	-	
 Denise & Croz	Daniel & Crust	CHY: BACINE WI ZIP. 53404	City ANUE	(Month) (Day) (Year)		62,63	
 9.		Street: 2204 Bake Street.	☐ Town ☐ Village	11/16/2011	Email		
MICHAEL R. AUTOW	mella at	City: Racwe Zip: 53403		(Month) (Day) (Year)	Phone (	)	
 10.		Street:	☐ Town	/ /20_	Email		
	·	City: Zip:	☐ City	(Month) (Day) (Year)	Phone (	)	
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OUMES NIGHT	mes Wore	City: Kacine 11)1 zip: 53403	racine_	(Month) (Day) (Year)	( ) _			
5.		Street: 1104 Layard tve	□ Town	11/16/2011	Email			
Curphia J. Turner (	und 7. Turner	Chy: Racine, WI zip: 53402	Strity Pacine	(Month) (Day) (Year)	Phone (			
6.		Street: 5727 Regery Hills Dr.	☐ Town	11/16/2011	Email			
Kevin DeBauche K	-Mark	City: Racine WI Zip: 53406	City Mt. Plessant	(Month) (Day) (Year)	Phone ( )			
7.		Street: MOI Shorebund DR	□ Town	4 /16/2011	Email			
Debra Gorman O	ha Bornan	ch: Racine Zip: 53402	new Rocine	(Month) (Day) (Year)	Phone ( )			
8 / .	Ma /	Street: 2405 Mt PleasAnt St	□ Town □ Village	1 /12e/28/_	Email			
Denise & Croz War	ed & Creix	CHY: BACINE WI ZIP: 53404		(Month) (Day) (Year)	Phone 262,63			
9.		Street: 2704 Bate Street.	☐ Town □ Village	11/16/2011	Email			
MICHAELR. AUTOW M	rella Cit	City: Packe Zip: 534Q3	Racine	(Month) (Day) (Year)	Phone ( )			
10.		Street:	☐ Town	/ /20	Email			
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ( )			
I Richard A. Glasenary (certification of Circulator 813 Echo hane Racine Circulators, pl								
I, Richard H. 61458	ncepp, (certi	.,,,			Circulators, please incl			
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Residence - Street name and Number)  Phon  The personally circulated this recall pertion and personally obtained each of the signatures on this paper. I know that the signers are electrons of the jurisdiction or district represented by the office-holder named in this petition. I know that the signers are electrons of the jurisdiction or district represented by the office-holder named in this petition. I know that the signers are electrons of the jurisdiction or district represented by the office-holder named in this petition. I know that the signers are electrons of the jurisdiction or district represented by the office-holder named in this petition. I know that the signers are electrons of the jurisdiction or district represented by the office-holder named in this petition. I know that the signers are electrons of the jurisdiction or district represented by the office-holder named in this petition. I know that the signers are electrons of the jurisdiction or district represented by the office-holder named in this petition. I know that the signers are electrons of the jurisdiction or district represented by the office-holder named in this petition. I know that the signers are electrons of the jurisdiction or district represented by the office-holder named in this petition. I know that the petition is nunishable under S. 12.13(3)(a). Wis. Stats.								
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(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.								
alder.	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RUI Rural address must also include		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		
	1. Carol Phakousi	(2)	Street: 1905 N.Br.	een Bay Ro		11/16/2001	Email Phone	
		07	city: Mt.Pleasart	zip: 63405	City FRACTOR	(Month) (Day) (Year)	Email	
	2.		Street: 4210 Canterbu	ury In	☐ Town ☐ Village	11/6/20/1	Phone	
	Vontteva SiSacry	V.>low	ciny: Mt Pleasant	zip: 63403	CityMf Plasant	(Month) (Day) (Year)	(	
	3.	0	Street: 50 10 Biscayne	· •	□ Town □	/1//6/20 <u>//</u>	Email	
	Knewathai Erickson	Raewather Exchan	city: Racine	zip: 53406	Racine	(Month) (Day) (Year)	Phone (	
~~~	4.		Street: 5822 Regency	Hills OK	□ Town □ Village	11 /16/20	Email	
	MINH Yham	Mark D	City: Racide WI	zip: 5340G	City M. Pleasart	(Month) (Day) (Year)	Phone (	
	5.		Street: 2324 GILSO.	X ST	☐ Town ☐ Village	11/16/2011	Email	
	MICHAEL KRAHN	This This	City: RACINE	zip: 5 3403	Ercity Kacine	(Month) (Day) (Year)	Phone (	
	6.		street: 1218 Kentuck		□ Town □ Village	11/16/2011	Email	
	Kathrine Schird	Kana Selus	City: Racina	zip: 53465	Winy Kache	(Month) (Day) (Year)	Phone (	
	7.	44/00/	Street: 1218 Kentucky	- 4	□ Town	11 /16/20/1	Email	
	MICHAEL C. Schipo	Muhall ( Schuo	City: KACIME	zip: 53405	ACity KACINE	(Month) (Day) (Year)	Phone (	
	8.		Street: 940 PRAIRIED	C# 29	☐ Town	11/1/2011	Email	
	WAYNE RETERSON	Wagnetotes	City: MT PIEASAUT	zip: 57406	City T. Pleasunt	(Month) (Day) (Year)	Phone (	
	9.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Street: 2017 TAYLOR	- AUG	□ Town □ Village	11/16/2011	Email TON	
	Tony Lemke	any a dente	City: RACINE	zip:53405	Ecity hacine	(Month) (Day) (Year)	Phone (	
	10. M of [ ]	1 STA	Street: 7622 Lakes	hore do.	□ Town □ Vidlage 7	1 /16/201	Email	
	I (ALL SIMISSI)	C3(2)	cin: Racina	zip: 53402	The Kacine	(Month) (Day) (Year)	Phone (	
Certification of Circulator								
Ι, _	LAUI U DC (Name of Circul	•	fy): I reside at(Circulator's Reside	MSON M ence - Street name and	Number (Circulator)	II C Municipality)	Circulato	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.								
	11 / 1/0 /20 /1		Ma Batton			Official Use Only)	Emai	
	(Month) (Day) (Year)		(Signature of Circulator)			85		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committ PO Box Madison

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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
	Mrs Ardie M. Triggs	Mrs. andie M. Triggy	Street: 2800 horaine Ave	UTown Uvillage Yaane	// // /20// (Month) (Day) (Year)	Phone ( )
	Gregos L. Blasune	Son Bene	Street: 1330 Timmit City: Racing zip: 53404	Drown Morat City Pleasant	(Month) (Day) (Year)	Phone (262) 43
	Dean W. Christensen	Dewll histor	Street: 2200 Airline Rd  City: Racine W. Zip: 53406	D Town  Stillage MT Plewant	(Month) (Day) (Year)	Phone (2.62) 88
	PHICLIPJ. DACENO	Phills & Daws	City: Raine Wisc zip: 53405	O Town O Village O City  RACINE	// //6/20//_ (Month) (Day) (Year)	Phone (2-62) 6
	MARGERY J. SMITH	Margery J. Smith	Street: 3042 ERIE ST.  City: RACINE, W/ Zip: 53402	D Town D Village RACINE R City	//////////////////////////////////////	Phone (262) 6
	Cheryl A. Miller	Chen Co, Miller	Street: 2329 Dwight St, City: Racine WI zip: 53408	Town City Racine	// //6/20// (Month) (Day) (Year)	Phone (262) 6
	CAROIA DACENO	Carol a Daceni	Street: 1254 /2 Russet St City: RAWVE WI Zip: 53405	Town Village RCity Rateria	///6/20// (Month) (Day) (Year)	Phone O(2) 6
	8. Arthur S. Marinello	arter J. Mundle	Street: 1123 New Street  City: Union Grove Zip: 53/82	Town Village Union Grove	// /16/20//_ (Month) (Day) (Year)	Phone (Ha) 9
	Chistina Fill	Crytina fill	street: S720 Wind Point Rd.  City: Racine zip: S340?	Town City Wind Aoint	(Month) (Day) (Year)	Phone 762 9
	Linys C. Lalar	Lung C Labo	Street: 4819 CINZIE AVE City: RAMINE ZID:53406	O Town O Village RACINE	(Month) (Day) (Year)	Phone (262) 6
I,	HAREN Glase			d Number) (Girculator)	NE	Circulators, please inc
I p	ersonally circulated this recall petition and personally obt	ained each of the signatures on this paper. I know that cated opposite his or her name. I know their respective	the figher are electors of the jurisdiction or district represented by the helpidepes given. I support this recall petition. I am aware that falsify	e officeholder named in this petition. I know thing this certification is punishable under S.12.	hat each person signed	Phone (16)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Commit PO Box

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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC	
	1.		Street: 1431 ISABEllE AV	☐ Town ☐ Village	11/16/2011	Email	
	FRANK PAIBUL	Ful of Public	City: RACINE Zip: 53402	ACINE RACINE	(Month) (Day) (Year)	Phone (262) 6	
	2.		Street: 4138 N Green Bay Rd	□ Town	11/16/2011	Email	
	Catherine Mamerau	Catherine Manyou	City: Racine Zip: 5.3404	City Caledonia	(Month) (Day) (Year)	Phone (262) 6	
	3.		street: 3810 Washington Up	□ Town	11/16/20/1	Email	
	Ida Chambis	alda Chandles	City: RULINE ZipSzyis	Beity Rayne	(Month) (Day) (Year)	Phone (262) 6	
~~_~	4.	$\bigcap$ $\bigcap$ $\bigcap$ $\bigcap$ $\bigcap$	Street: 1243 Arthur Are	☐ Town ☐ Village	11/16/2011	Email	
	Ronnie Quella	Frence Plush	city: Racine zip: 53405	Prity Racine	(Month) (Day) (Year)	Phone (262) 6	
	5.	DAM	Street: 1917 Wright Acr	☐ Town	11/1/201	Email	
	Naher Hattan	Mr. Mills	City: Private 21p: 53405	City facive	(Month) (Day) (Year)	Phone (1/2)	
	6.	/"	Street:	☐ Town ☐ Village	/_/20	Email	
			City: Zip:	☐ City	(Month) (Day) (Year)	Phone ( )	
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I. haten Glassnap Certification of Circulator  (certify): I reside at 813 Echo La Racjace Circulator										
I pe	(Name of Circulator's Residence – Street name and Number) (Circulator Municipality)  I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given: I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.									
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-	(Month) (Day) (Year)		(Signature of Circulator)	#_13	87_					

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES. WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS Rural address must also include box or fire no. (Indicate Town, City, or Village) Email ☐ Town screet: 2315 washington Aug Angelique Barghout Bacine Phone zip: 53405 Email □ Town Phone Email 1315 DR MARTIN WITHER KING Phone Email □ Village Phone ☐ City Email FERGUS Phone Email 6850 Novak Rd MARIA MATTINGLY Phone City zip: 53/02 Email ☐ Town PARK AIR ☐ Village Phone CINE, WI Zip: 63403 Email ☐ Town 1100 N. Oragon St ☐ Village Phone 1City 2ip: 53405 Email Russet □ Village Phone Email 10. ☐ Town ☐ Village Phone City **Certification of Circulator** 

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Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and S.9.1	0 of the Wisconsin Statutes.	<u> </u>		P				
THE MUNICIPALITY USED FOR MAILING	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.								
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1. h	mal	Street: 2008 Laun St	☐ Town ☐ Village	// //5/2011 (Month) (Day) (Year)	Email				
Hothery Heiter		City: Macine NZ zip: 53404	Betty Racine		Phone (				
2.		Street: 2126 Superior	☐ Town ☐ Village	U/15/2011	Email				
Mario Aranda	Mario Canda	CHY: Racine Zip: 53402	Bany Racius	(Month) (Day) (Year)	Phone (				
3.	1	Street: 372 30th Awa	☐ Town ☐ Village	11/15/2011	Email				
NATHAN Schre durinan	1000	civikenosia : zip: 53 144	City Kenosm	(Month) (Day) (Year)	Phone (				
4.	0	Street: 507 Sara Lane	Was Was Caledonia	11/15/2011	Email				
Carl Lindner	Carl Ludner	City: Racine Zip: 53402	City Caledonia	(Month) (Day) (Year)	Phone (				
5.		Street: 2/103 12 1/1/1/18	☐ Town ☐ Yillage	11/15/2011	Email				
/ TROKE	emelistor -	CAY: RACINE ZIP. 53405	City KACINE	(Month) (Day) (Year)	Phone (				
6.		Street: 2813 FLEETWOOD DR	☐ Town ☐ Village	W/5/2011	Email				
DAVID KARWOWSKI	David Karwows	City: RACINE Zip: 53403	RCity RACINE	(Month) (Day) (Year)	Phone (				
7.		Street:	☐ Town ☐ Village	/ /20	Email				
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		City: Zip:	□ City	(Month) (Day) (Year)	Phone (				
MICHAEL A. FROM	T(FD Certification	of Circulator 1127 UAKE A	UE RACINE						
		fy): I reside at		<del></del>	Circulators,				
(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality)  Phone resonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed at a paper with full knowledge of its content on the date indicated opposite his or because the properties residence sixen. I support this recall petition. I am aware that falsifying this certification is punishable under \$12.13(3)(a). Wis Stats									

(Month)

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VANAWAGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

(Day)

(Month)

		Return by Committee PO Box 25 Madison, V
		CONTACT IN
	Email	-
	Phone (	)
1	Email	· · · · · · · · · · · · · · · · · · ·
-	Phone (	)
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nom office pursuant to Article Ath, Section	12 of the Wisconsin Constitution and S.9.1	o of the wisconsin Statutes.			PO Box 2
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
Diane L Seymou	r Deane Leymour	street: 805 Orchard States Pacine W1 zip: 5340	Town Village Racine	///20/20/1_ (Month) (Day) (Year)	Email Phone
John L Plush	John I Plus	street: 13 Oregon ST etty: RocInC zip: 534	Town Village City Racin C	// /20/20 (Month) (Day) (Year)	Email Phone
Jem L Plush	Gerie & Pleas	Street: 13 Onogon City: Racine zip: 5346	Town Village	///2/20//_ (Month) (Day) (Year)	Email Phone
Michael Schne	ider Muchael Schnero	Street: 3633 Kingsberry S Bir RACINE Zip. 534	D City	// /20/20 <u>i/</u> (Month) (Day) (Year)	Email Phone
Janis Barker	Janis Barker	Street 222 Cleveland City: Racine 2153405	Town Pillage Par In &	(Month) (Day) (Year)	Email Phone
GAIL JONES	Have Jones	Street: 610 ARTHUR AUE  City: RACINE Zip: 5344	Town Village RACINE	(Month) (Day) (Year)	Email Phone
Jaileesa Curtis-	Gazeesa Curtio-	street: 70021 St St.  City: Racine zip:5340	Town Packy Packy	(Month) (Day) (Year)	Email Phone
Somuni Curtis Coleman	Jasmere aut Grenon	Street: 700 21 St City: Racene Zip: S340	Town Village Pacure		Email Phone
"Jettrey Leote	My 22	Street: 1508 Ellis Ave City: Bacme zip: 5340	O Town Pacine	11 /20/2011 (Month) (Day) (Year)	Phone ( )
10. Juan / Cekvarte	Juan & Cevint	Street: 400 Eres 122	Town Village City RidCitl	///20/20// (Month) (Day) (Year)	Phone
Bejin Krl (Name of Circ personally circulated this recall petition and personally of	ulator) btained each of the signatures on this paper. I know that	of Circulator  ify): I reside at   (Circulator's Residence - Street nan the signers are electors of the jurisdiction or district represented residences given. I support this recall petition. I am aware that f	ne and Number) (Circulator by the officeholder named in this petition, I know	Municipality)  that each person signed 2.13(3)(a) Wis State	Circulators, please inch. Phone 705

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	Return by Committee PO Box 25 Madison, V
	CONTACT IN
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THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.		Madison, V
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTACT I
Suzanne Schmidt	Spoine Shids  AL Juanta Berna	street: 9/4 (MB Free La  City: Rdcine zip: 53406	Town Village ACity Rdun	// /20 // (Month) (Day) (Year)	Email Phone	)
Suzanne Schmidt 2.  JUANITA BERNE	AL Luanita Berna	Street: 3204 KINZJE City: RACINE Zip: 53405	Town Village ARCINE	// /20/20// (Month) (Day) (Year)	Email Phone	)
3. Christopher Bernal	Closh Bul	Street: Recare  City: Zip: 53405	Town Village Racine	(Month) (Day) (Year)	Email Phone	
4.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone	)
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8.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone	
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone	
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email Phone	)
personally circulated this recall petition and personally obte e paper with full knowledge of its content on the date indi	lator)		nd Number) (Circulator I e officeholder named in this petition. I know tring this certification is punishable under S.12.	hat each person signed		tors, please includ one (265)
(Month) (Day) (Year)		(Signature of Circulator)	Fuge No. 12	O 1		

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(Name of Circulator)

(Circulator's Residence Street name and Number)

(Circulator Municipality)

1 personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her paper. I know that respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Circulators,

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Ann M. Brehr	n Cemm Breh	6410 Phase util month	Town Village had	// /20/20// (Month) (Day) (Year)	Email Phone
STUART P. Daxins		Street: 708 Oh10 S+	□ Town	11/30/2011	Email Phone
Kari Dawson	Kom Dawson	Street: 9518 Jasmine Ct	Down Uvillage Tay XONAN	11 /20/2011	Email Phone
Sandra Johnson	Androm	Street: 758 Hunter Dr	Drown Drivings Mt. Pleasant	(Month) (Day) (Year)	Email Phone
5.	16 Har	City: ROCINE WI Zip: 53406 1 Street: 5713 Bradford Bu	Town Stillage Caladonia	(Month) (Day) (Year)	Email Phone
Dianne Flannery	Diama Ha	Street: 7921 Gina Dr.	Town MT.	(Month) (Day) (Year)	Email Phone
Jesse F Hess	Diame Flanney	Street: 1345 Marrae Aue	City Pleasant.	///d6/2d1	Email Phone
8.	Saper T (ess)	city: Racine, WI zip: 53405 street: 1106 Indiana Sec	Town Village Racine	(Month) (Day) (Year)	Email Phone
Janne Dengen Helere F Wasik	Helene E. Wards	Street: 430 West Blvd	□ Town □ Village	(Month) (Day) (Year)	Email
10. Arthur pelzke		City: RaciNe, Wis zip: 53405 Street: 2037 Golf All	SCity Racinc	(Month) (Day) (Year)	Phone (Email
	Certification of	City: Racine Zip: 53+05	ACity Rinne	(Month) (Day) (Year)	Phone (
Joan Bennett		fy): I reside at 700 Carton Dr	Racine	finia dia N	Circulator

	July Istoppe	City: Kaclwe	zip: 53405	Fig.	inne	(Month) (Day) (Year)
	<sup>1</sup> Certificatio	n of Circulator			_	<u> </u>
Joan Bennett		ertify): I reside at	carton Dr		Racine	
(Name of Circulate		(Circulator	's Residence – Street name an	d Number)	(Circulator	Municipality)
personally circulated this recall petition and personally obtains to paper with full knowledge of its content on the date indicate	ed each of the signatures on this paper. I know the dopposite his or her name. I know their respect.	nat the signers are electors of the jurisditive residences given. I support this reca	iction or district represented by the ill petition. I am aware that falsifyi	officeholder nan	ned in this petition. I know to on is punishable under S.12	hat each person signed 13(3)(a), Wis. Stats.
/	$\sim$ $\sim$	Honne			r	Official Use Only)
(Month) (Day) (Year)		(Signature of Circulator)			# 13	43

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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"LISOMCINTOSH	Lisa mi Intoh	Street: 2804 Green Dt City: Raune zip: 5344	O Town O Village City Racine	11 /20/2d_) (Month) (Day) (Year)	Email Phone	
2 Faty Bridd	Carly Dswalel	Street: HHY & GREANDRY City: Dacine zip: 5341006	Town Village M.J. Hassawf	(Month) (Day) (Year)	Email Phone	
Jon: Holton	To With	Street: 16/7 Flett AV City: RACINE Zip: 53405	Town Village PCity  RACINE	// /ZO 20_\\\(\(\text{(Month)}\) (Day) (Year)	Email Phone	
Shawn Kliwzing	Show Klass	Street: 9356 Old Spring ST.  City: RACING WI Zip: 53406	Town MT.  Village PlcASANT	(Month) (Day) (Vear)	Email Phone	
"Gress Gulbrardson	800 S-	Street: 14314 584 Rd. City: Studewart zip: 53177	Town City Sturterant	\\\\/20/20_\_\\\\\\\\\\\\\\\\\\\\\\\\\\\	Email Phone	
Manay Kolls	Nancy Kalls	Street: 6321 Partridge Hell Dr City: Warut Plensant zip: 5340L	Town City Mount Pleusant	11/20/20_11 (Month) (Day) (Year)	Email Phone	
JAYME MARESL	Jayme Waresh	Street: 411 CATHOP AVE City: RACINE Zip: 53405	O Town Village RACINE	///20/20_// (Month) (Day) (Year)	Phone (	
8. Shirlet Dankins	Shuly Downtons	Street: SIOI Wright and #139 City: Racinel Wizip: 5341	UNILIAGE Racine	11/2/20_1 (Month) (Day) (Year)	Email Phone	
Dught Anderson	Dight alum	Street: 3020 wight Ave City: Racine w/ Zip: 53405	Town Village ACity ACCIA	11 /30/2011 (Month) (Day) (Year)	Email Phone	
NAWCY E SCHAFFER	Mycy E Schaller	Street: (13) S. MAIN #212 City: RACINE, WI Zip: 53403	Town Dyllage City  HUNE	11 /20/201/ (Month) (Day) (Year)	Email Phone	
Joan Bennett	Certification o	of Circulator  (b) Leside at 100 (a v/T a v )				

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Som Rometh (Signature of Circulator)

Circulator:

Emai

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JASSANDIA Gray-Censer	assends they Costa	Street: 878 UUCOMSC.  GINDLE Zip: 52404	Town Village Pulm	// / / 20// (Month) (Day) (Year)	Email Phone	
Catherine Possing	Carluna fossa	Street: 2814 Bloine City: Racine Zip: 53405	Town Village City Pacine	(1/20/20/1 (Month) (Day) (Year)	Email Phone	
Ed lossing	Cly 0	Street: 2814 Blaine City: Racine Zip: 53465	Town Uvillage Racine	U/2/20 <u>6/</u> (Month) (Day) (Year)	Email Phone	
Jenelle Compos	grelle corpes	Street: Facin 53405 City: Jach WJ Zip: 53405	Village Raine	11 /2 Ø 20 (Month) (Day) (Year)	Email Phone	
5. Judy Warner	Grelle Corpes	Street: 1023 Indiana City: Racine 219:30	Town Village Racine	Month) (Day) (Year)	Email Phone	
6.	0 0	Street: City: Zip:	□ Town □ Village □ City	/ /20	Email Phone	
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email Phone	
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10.		City: Zip:  Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
Certification of Circulator  I. Soun Bennett (certify): I reside at 700 Control Number (Circulator Municipality)  (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)						

(Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator)

(Month)

Phone

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1. W///19M	Believe	Street: 315 Kewwwce	☐ Town	11/2\$2011	Email				
BUTILK	Bul	City: MMCINE WI Zip: 5406	l 5	(Month) (Day) (Year)	Phone				
2. Michael Brasta	M. Smel Brasted	Street: 28289154 street	□ Town	1) /23/20/1	Email				
		city: Sturtevant zip 53/77	Bicity of witevant	(Month) (Day) (Year)	Phone				
3. MARIC		Street: 1644 KEARNEY AVE.	☐ Town	(1/23/20/1	Email				
(065)	New Vi- U-	City: JACINE 211: 53405	ACINE KACINE	(Month) (Day) (Year)	Phone				
4. ROBERT	121	street: 2/06 AVI ing Ton AV	☐ Town ☐ Village	11/93/2011	Email				
N/E150H	Koher Rela	City: RALINE WF Zip: 53403	geity RACINO	(Month) (Day) (Year)	Phone				
5. Beardsley	mo A A. A	Street: 2025 Carter St	☐ Town	II /23/2011	Email				
Michael	Michael & Beards	City: Procine WI zip: 53402	Willage Decine	(Month) (Day) (Year)	Phone				
6 Andrea	1 0-	Street: 58314 Mile Rd	Town Village	11/2/201	Email				
Riesce	Authen fr	City: Rucine WI zip: 53402	City Caldonia	(Month) (Day) (Year)	Phone				
7. Abel	Alex Torres	street: facine St, 2226	Town I.	11/23/201/	Email				
1017es	Von Aller	City MT. Pleasant 24:53403	City Dieasant	(Month) (Day) (Year)	Phone				
8. John	10,13.	Street: 8517 Browding DR	☐ Town  Willage	11/23/2011	Email				
Yonen	Mul	City: Sturtum Zip: 53177	City Sturtent	(Month) (Day) (Year)	Phone				
9.		Street: 8608CITADEL TERR.	[] Town	11/23/2011	Email				
HARON Luni	Vame	CITY STURTELLANT ZIN 53177	City STURTEVANT	(Month) (Day) (Year)	Phone				
10. Margaret Mchany Maurer	Margart MChany Main	street: 2516 Arlington Ave 53403	☐ Town	1/ /23/20 11	Email				
J Maurer		city: Lacince 24:53403	aciny Kacine	(Month) (Day) (Year)	Phone				
Certification of Circulator									
. Robin Da	ihl, (certi	ify): I reside at 3100 5, Green Ba		easant	Cira				
(Name of Circu		(Circulator's Residence - Street name an		Municipality)	CIT				
	rsonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.								

(Signature of Circulator)

(Year)

(Day)

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	1.	, (	Street 4848 High Mandows Tel.	☐ Town 2D-Village	11/23/2011	Email			
	Vac Daneulovich	Hart 1	City: Racine Zip: 5340 W	City Mount Pleasuret	(Month) (Day) (Year)	Phone			
	2.	lya a	street 431 SOID Green fax to	Town Mount	11/25/2011	Email			
	Mar 1855a Barcalow	Phousall .	CHY: CHARINE, ZID: 53403	Ecity Pleasant	(Month) (Day) (Year)	Phone			
	3. A 1 1	6 Pa	Street: 1528 GROVE AVE	☐ Town	11 /3/2011	Email			
	Alether Russo	85-168	City: RACINE Zip: 53465	FACINE RACINE	(Month) (Day) (Year)	Phone			
	4.		Street: 812 VipginIVA ST.	☐ Town ☐ Village	11/22/2011	Email			
	Robert Belivena	H Dean	City: PACING 240: 53465	Ricity PAC in the	(Month) (Day) (Year)	Phone			
	5.		Street: 4210 30040 CS	☐ Town	11/23/2011	Email			
	Upaguer Kaber (	I leave the be-	ciry: RACINO Zipi 53402-	TRCity RACINO	(Month) (Day) (Year)	Phone			
	6.	D 2101 . 1	Street SS39 BYRCL AVE #202	☐ Town ☐ Village	11/23/2011	Email			
	Alisnu Trinidod	& Marie June	City: Percus Zip: 53406	Decity Raceus	(Month) (Day) (Year)	Phone			
	7.	Lange and a grante	SUR BUSH DOUGLAS/AUP#711	☐ Town ☐ Village	11 /23/2011	Email			
	MWUSSa Zarate	r paraseguios	city: Racine zip: 52402	Dery DOICINE	(Month) (Day) (Year)	Phone			
	8.	$\bigcap$ , $\bigcap$	Street: 1164 Distiglas Ave.	□ Town □ Village	11 123/2011	Email			
	Josephine Carbaja/HVZ	Closephy Cal	City: Pacine Zip: 53400	XCity Tacine	(Month) (Day) (Year)	Phone			
	9.		Street:	□ Town	/ /20	Email			
			City: Zip:	☐ City	(Month) (Day) (Year)	Phone			
	10.		Street:	☐ Town	/ /20	Email			
	,		City: Zip:	☐ City	(Month) (Day) (Year)	Phone			
Certification of Circulator									
· _	Robin Dahl , (certify): I reside at 3100 S. Green Bay Rd. Mt. Pleasant (Circulator's Residence - Street name and Number) (Circulator Municipality)  Circulator Municipality)								
pe he	ersonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.								
_	11 / 23 /20 Robin Sell Page No. sofficial Use Only)								
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1.	000-	Street: 4100 OLIVE ST	□ Town	(1/23/201)	Email		
David E. Simington	DE Simington	city: Racine zip: 53405	- Willage Racine	(Month) (Day) (Year)	Phone		
2.		Street: 1407 EXIE SX	□ Town	11 /23/2011	Email		
GLORIA Solvas	Glain Solvia	City: Nation Zip: 15340	Sciny Racins	(Month) (Day) (Year)	Phone		
3.		Street: 1029 Haiss Que	□ Town	11 /23/2011	Email		
michele Thomas	m I	City: Roein 2053405	City	(Month) (Day) (Year)	Phone		
4.		street. SLO35 RUVH AUR #2	□Town	1. />₹/2011	Email		
yolamba Sibay	Web mola S. Dolos	city: Racine zip: 53401	SCity CC City	(Month) (Day) (Year)	Phone		
5.	Gowien Congression	street: 2819 Charles ST.	□ Town	11/2/2011	Email		
Dalas A Silver 1200	not all vertee	city: Racine zip: 5402	String Lacine	(Month) (Day) (Year)	Phone		
6.	Deput of Deput 30	street: 2819 Churles &.	□ Town O	11 /73/20 11	Email		
Tracy Schweitzer	Tracy Schwed	chy: Raire zip: 53407	Village CUCINL	(Month) (Day) (Year)	Phone		
7.	1 0 0	Street: 2104 KINZIE ALE	□ Town	4 /02/20 N	Email		
LUZDIVINA MeLean	Mission Moter	city: Racim 210:53405	City RUCIW	(Month) (Day) (Year)	Phone		
8.	•	Street: 1431 Oghogle AVR	□ Town	1. /22/2011	Email		
Timothy Wilson	Timothy Wilson	City: RGC1NP ZIP: 53406	City Bacine	(Month) (Day) (Year)	Phone		
9.	<i>\</i>	Street: 4191/2 Novih memorial		1-2/2011	Email		
Melonie Shelten	molumanila	City: Puline Zip: 53404	est cim la	(Month) (Day) (Year)	Phone		
10.	March March	city: FUCINE Zip: 5540	Town	1 1	ZGD- Email		
		Street:	☐ Village ☐ City	//20 (Month) (Day) (Year)	Phone		
	Certification (	city: Zip:			<u> </u>		
, Robin Dah	1	ify): I reside at 3100 S. Green Bay	1 Rd, Mt. Pl	easant	Cir		
(Name of Circu	(Name of Circulator) (Circulator's Residence — Street name and Number) (Circulator Municipality)  ersonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed						
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$\frac{11}{\text{(Month)}} / \frac{23}{\text{(Day)}} / \frac{20 \text{ (Year)}}{\text{(Year)}}$	Robin	(Signature of Circulator)	Page No.	Official Use Only)			



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1.		Street: 4910 Carter Dr	□ Town  XVillage □ City	// /20/20_// (Month) (Day) (Year)	Email + me Phone
Terry Meyers	They Myly	City: Racine zip: 53402	Coledonia	(Month) (Day) (Tear)	Email
Pose Meyers 2. Rose Meyers	fose moneyers	Street: 4910 Carfer dy City: Rauni Wl zip: 53402	Drown Stillage Caledonia	(Month) (Day) (Year)	Phone
3. Sharon Morgan	Sharen Morga	Street: 6951 Beechnut DR	Town Willage Caledonia	11 /20/2011	Email Phone
		city: Racine zip: 63402	City Catedonia	(Month) (Day) (Year)	Email
ALFRED AND EISE	ala la contene	Street: 1924 Jugita Cue	Town Village	// 20/20// (Month) (Day) (Year)	Phone
5.	Comment Contraction	Street:	□ Town	/ /20	Email
		City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone (
6.		Street:	☐ Town	/ /20	Email
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			City:	Zip:	☐ City	(Month) (Day) (Year)
		Ce	rtification of Circulator		$\bigcap$	, , ,
I, _	Studish MB	usarow	, (certify): I reside at	9 Paho Lour	1e (i	tyot Kacine
	(Name of	Circulator)		culator's Residence – Street name		(Circulator Municipality)
I pe the	ersonally circulated this recall petition and personal paper with full knowledge of its content on the da	ally obtained each of the signatures on this pate indicated opposite his or per name. I kno	paper. I know that the signers are electors of the their respective residences given. I support	ne jurisdiction or district represented by this recall petition. I am aware that fals	the officeholder named in t ifying this certification is p	his petition. I know that each person signed unishable under S.12.13(3)(a), Wis. Stats.
_	$\frac{2l}{\text{(Month)}} / \frac{2C}{\text{(Day)}} / \frac{20}{C}$	Year) Guell	(Signature of Circulate	<u> Maraul</u>		Page No. 10fficial Use Only) #
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Circulators Phone

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and \$ 0.10 of the Wisconsin Statutes

rom office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING			
Tom Christersen	The	sure 3440 Stratford Ave	□ Town □ Village	11/18/2011	Email		
Daria Cheistaisa i		City: Racine Zip: 63402	*Acity Kacine	(Month) (Day) (Year)	Phone		
2.	11110	Street: 3440 STRATFORD AVE	☐ Town ☐ Village	11/18/2011	Email		
WILLIAM CHRISTENSTA	hilling (	City: RACINE ZIP. 53402	Acity RACINE	(Month) (Day) (Year)	Phone		
3.	7	street: 3440 Stratford Ave-	Town Village Racine	11/18/2011	Email		
Karen B. Christenen	Konend !!	city: Racine zip: 53402	A City NACINE	(Month) (Day) (Year)	Phone		
4.	201	screen: 3440 Stratford	□ Town □ Village	11/19/2011	Email		
Teresa Christinsen	Left X	City: Racin 21p: 53/62	Excity / acres	(Month) (Day) (Year)	Phone		
5.	1/2/1/1	site 824 - Sylenon St	□ Town □ Village	11/10/2011	Email		
1/10/51C Siefler	Mall Siegles	City: Lacine 111 - 211:53402	City Kaller	(Month) (Day) (Year)	Phone		
6.0		Street: 3054 NW, Scons in St	☐ Town ☐ Village	11/19/2011	Email		
Robert Milluren	KAM	City: Racine, WI zip: 53402	Orcity Racine	(Month) (Day) (Year)	Phone		
7.	1	Street: 1917 MERTUNG AUG	☐ Town	11/20/2011	Email		
JAMES TOMASEK	James / omasele	City: RACING Zip: 53404	ACity RACINE	(Month) (Day) (Year)	Phone		
8.		Sureet: 1700 C.A. BECKER	☐ Town ☐ Village	11/20/2011	Email		
GERALDING TOMASE	K. Deraldine Comasek	CHY: RACINE ZID: 53406	ACINS RACINS	(Month) (Day) (Year)	Phone		
9.		Street:	☐ Town ☐ Village	/ /-20	Email		
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone		
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		City: Zip:	☐ City	(Month) (Day) (Year)	Phone		
Certification of Circulator							

6.0		7/00		Email				
	Street: 3054 N	W. Scous w St Town						
Robert Milveen Fo	City: Racise, 1	VI Zip: 53402 Se City	Pacifice (Month) (Day) (Year)	Phone				
7.		FPTUNE AUG Town		Email				
JAMES TOMASEK Jam	es lomasele cur. RACINA		RACINE (Month) (Day) (Year)	Phone				
8.	Street: 1700 C	A BECKER DTOWN		Email				
GERALDING TOMASOK De	raldine omerek CHY: BACTN	1 37		Phone				
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Certification of Circulator								
1 hno (Incistense) Kacina & 2440 Strottard Ave Kacina								
(Name of Circulator)		rulator's Residence – Street name and Number		Circ				
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.								
11 20	ins of her name. I know then respective residences given. I support	ins recan permon. I am aware that faish ying this cer	inication is punishable under 5.12.15(5)(a), was. Stats.					
(Month) / (Day) / 20   (Year)	(Signature of Circulato		Page No. (Official Use Only)	:				
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